STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN CLARICE OF ESTI-IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED white May 12, 1927 59 female DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY TO RIRTHPLACE MARRIED NEVER MARRIED U.S.A. North Carolina WIDOWED X DIVORCED & CITY OF TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital Hagerstown JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 18b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 111 Pine Street North Carolina Orange Carrboro FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Briles LeRoy Crotts Berchie 17. INFORMANT 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MULTIPLE TRAUMATIC INJURIES / INTERNA # N-869 2 HOURS Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF VEHICLE/MOT. VEHIC. COLLISION#E-812 lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3 SHOULD BE DEBARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 214 "MILIRY OCCURRED If. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM FTC 1 STATE CITY OF TOWN COUNTY Inspection X 220. I certify that I took charge of the remains described above, held on and in my opinion Accident X death resulted from: Homicide Notural couses TITLE (SPECIFY) ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Sept. 2,1986 Westwood Cemetery burial Carrboro Orange, North Carolin 24. FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

415 East Wilson Blvd., Hagerstown, Maryland

(VR A15 ME (5))

Via Davidon of sade

7646	FOR STATE REGISTRAR		DEPARTM	CERTIFICATE O		NE 8 6
	DECEASED NAME	FIRST	MIDDLE	LAST	2	B. DATE OF DEATH
poge 3	(TIPE ON PRINT)	nerle	C.	Baker		2
	3. SEX	4. RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH
	male	Cau	casion	10 2	7 20	65
3/19	OUNTRY)	FOREIGN 76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED A NEVE	P MARRIED 7	BALTIMORE CITY OF
	Maryl	and U.S	.A.	WIDOWED	DIVORCED [Wa:
3	10. CITY OR TOWN OF DE		F HOSPITAL, NURSING			2a USUAL OCCUPATION TYPE OF WORK FOR MOST OF
	Hagersto		1	inty Hospi		Machine Op
June	USUAL RESIDENCE (IF NUI	RSING HOME OR OTHER INSTITUTION			CITY LIMITS?	se.STREET ADDRESS /
	md.	Washington	Smithsb		NO 🗌	a E. Wer
1	14. FATHER'S NAME	WIDDLE	LAST	15. MOTHE	R'S MAIDEN NAME	
0	Calvin	L.	Baker		Rose	M.
1		R IN U.S. ARMED FORCES		RITY NO. 17 INFOR	MANT	ADDRES
1	No No	(IF TES, GIVE WAR OR GATES)	214-14-6	844 Mrs.	Nancy J.	O'Sulliva
or ather troumotic event, 1	Conditions, if an gove rise to in couse (a), statunderlying cous	y, which (b) nmediate ing the let last.	OR AS A CONSEQUE	NCE OF MCOCCARCIO	The ac	Jeseure Descure
L color		ATION LISE CON	DITION FOR WHICH			20a AUTOPSY?
la sher ony	190 DATE OF OPER.	171. CO.	DINOIVIOR WINEIR	O'EKATION WASTER	OKMED	YES NO
them 18 s	OR CONTRIBUTING	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	'INJURY OCCURRED	O (ENTER NATURE OF INJUR
	21d. INJURY OCCU	RRED 21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, FA	21f. LOCA	TION	CITY OR TOW
If Item 21 is morked	sow the decea	(did) (did not) view the boo	P-27 19	DEGREE	ny) (oor) opinion dei	oth occurred on the do
TANT.	and DUVCC LANCE		mr corr 1 c	122e ADDI	PHYSICIAN E	DIRECTOR PHYSICI
//		Hombaker J	Control of the			St. Hager
) RT	I IODO H	MOTO DOVET .!	T-	1 (11)	DEAL LIDE	U UA A LIELECT

8/31/1986

STATE OF MARYLAND .

23c NAME OF CEMETERY OR COMMATORY
Leitersburg Lutheran

ADDRESS Waynesboro, PA S

COUNTY OF DEATH shinaton 126. KIND OF BUSINESS OR erator Machine Co. 21783 ZIP CODE Box 81 Hartle 5432 Conn. Ave., N.W. Washington, D.C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 he 16 ? ITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 IN ITEM IB PART I OR PART 2) COUNTY STATE that (I) (we) lost te and hour and from the causes stated 22c. DATE SIGNED 2-28-86 AN 🗌 stown, Md. 21740 23d. LOCATION Leitersburg Washington Md. REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3 1986

2b. HOUR

IF UNDER I YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

74 FUNERALDIRE

K TOTAL

Editi

Colored L. Baser core on Bartis Sign and Signification of the Colored Same of the Colo

Survey of the Survey

John J. Finitzler Jr. 615 B. Mirel Jt., Bullingson, Inc. 22/40

misl (/)1/19 interior interior interior issued upp resident

CT	ATE	OF	SS A	DVI	AND	
31	AIL	UT	CTL PA	IN I I	ANU	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1.
5	()
last .	400

2 4 0 4

ı	() REGISTRAR		REG. NO.							
ì	P DECEASED NAME FIRST	Clarence	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR_		
1	(THPE ON PRINT)	n	Ro	Va-		8 5	86	5-13		
ł	Kohert 14	RACE	5. DATE OF	RIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HE	RS	
1	M 1-	1	MONTH	DAY YEAR	7.	MONTH	HS DAYS	HOURS MI	Ν.	
1	liale	Caus	9	3 14.	//	YRS.				
7	76 BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	_	DEATH			
1	Hagerstown, Md	USA	WIDOWED		Washing	ton		,	MD.	
3		, NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS C	OR	
1	Honers I	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	-11	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	DUSTRY			
ł	HOGETSTOWN WE FOR OTHER	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	spital I		· ·				
Ā	13b COUNTY				13e.STREET ADDRESS	ZIP CODE	2	1740		
4	Maryland Washi	ngton Hagersto		YES NO	531 Jeffe	erson St	•	1/40		
λ	14. FATHER'S NAME FIRST MID	DDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDD(E		1A5			
4	Edward	Baker		Sarah			Wile	У		
1	160. WAS DECEASED EVER IN U.S. ARME		RITY NO.	17. INFORMANT	ADDRE	SS				
ı	(IF YES, GIVE W	220-09-7	871	Clara B. Bal	ker. Hagers	town, M	d.			
ł						T		MÁTE INTERVAL ONSET AND DEAT	=	
ı	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ane cause per lime fair tal, (b), and	co4x	7 Failer	e		BETWEEN		Н	
ļ	IMMEDIATE (CAUSE (a)	-0.30	7 00 00			- 1 -0 0	1	_	
1		DUE TO, PRAS A CONSEQUE	NCE OF	tolante	e Pular					
1	Conditions, if any, which	161		granus	e our	2000				
ı	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE	usene		0				
1	underlying cause last	(c)				73				
1	PART 2 OTHER GNIFICANT COL	NOITIONS CONTRIBUTING TO I	DEATH BUTTO	OT RELATED TO THE LEMMI	NAL DISEASE OR CON	DITION GIVEN II	V PART 110) 1	_	
I	Z Lugar	her out	JUNI	etydrah	on					
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	VERE FINDINGS USED				
1	5				IN CERTIFYING CAUSES C					
4	E C	AN THE OF BUILDY		at How hills a coupp	YES NO	YES [ио 🗌	_	
9		11b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)			
1	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
1	OR CONTRIBUTING COURRED 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN (COUNTY	STATE		
ı	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	SIRCET	(11.00.10			31711		
ı	220.1 certify that (I) (this haspital)	attended the deceased from	7/1	10 86	10 8/1	190	6	that (I) (we) l	ast	
1	saw the deceased alive an_	8/5 19	8/2 000	that in (my) (aur) apinion d	eath accurred on the d	ate and have and			J 31	
	abave (4) (we) (did) (did nat) v	riew the body after death.								
١	226. SIGNATURE	7 (1)	D	ATTENDING	MEDICAL STA		22c. DATE	110		
d	group	T. Tura		PHYSICIAN D			8/6	106		
Π	274. PHY SICIAN'S NAME (TYPE OR PE	RINT) TO	12 1	22e. ADDRESS	1		- 1/	1000	200	
1	16001C/A	- to pa	10/	339 E. t	NATEL	712 S/	. 11	16/10	5/10	
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	VAME OF CE	METERY OR CREMATORY	23d LOCATION			/	4	
				burg Cemetery	Leitersbu	ro. Was	D. M	arv lan	d	
	24. FUNERAL DIRECTOR MINNICH		TECTO							
			261		REC'D. BY REGISTRAR	OB REGISTRAR	SSIGNAL	UKE		
1	415 E. Wilson Blv	d., Hagerstown,	Md.	21/40 AUG	8 1966 3	when the view	701-16		3	

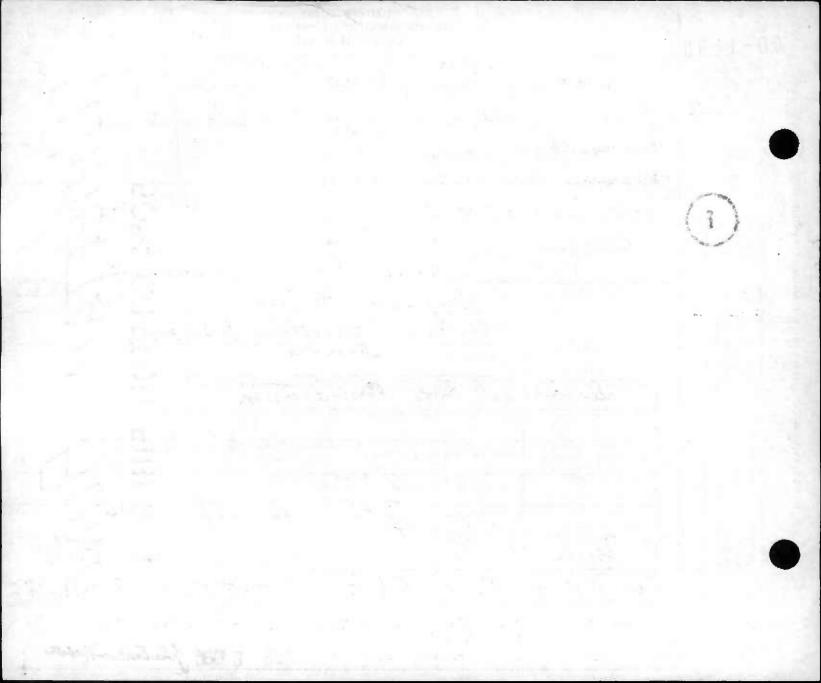
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottendir should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

FOR T- STATE



	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLA EALTH AND I	AENTAL HYG	IENE 8	O REG. NO	2	d	Ú	4	1
	1. DECEASED NAME	FIRST	N	NIDDLE	1	AST		2a DATE OF	DEATH A	AONTH	DAY	YEAR	26. HOU	
		ELENA		V.	ŖΑΙ	LUTEL			Auri	ist	21	86	aa	DM
	3. SEX	4.	RACE		5. DATE C		YEAR	6. AGE (INY	ARS LAST B	IDAY)	MONTHS.	DAYS	# UNDER	24HRS
	Female		White	2	Sept		1921		64	YRS.		DAILY	1100113	10110-01
1	70. BIRTHPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	XNEVER A	ARRIED 🗆	9. BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH		
1	Rumania	5	US		WIDOWE	D DN	ORCED		Washi	ingto	n			MD
7	Hagers town	(IF NOT IN SUC)	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACILITY, GIVE STREET ADDRESS) Ington County Hospital			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY General Clerk Electric					cal			
5	USUAL RESIDENCE (IF NURSI 130 STATE Maryland		GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Hagerstown YES NO			13e STREET A	ADDRESS /	zıp cob rive	Apt.	204	2:	1740		
1	14 FATHER'S NAME FIRST Vasile	MIC	DOLE	Minaescu Elena		FIRST	AME			Suslov				
1	160. WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRES	SS				
/	N/A	N/		128-40-4	150	John Ba	lute1-	husban	d-(sar	ne as	13e	2)		
	PART I. DEATH W.	18 CAUSE OF DEATH (Enter only one cause parties, (b), and ici. 1 PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (a)]												
	Conditions, if ony, gave rise to imm couse (a), stating underlying cause	nediate g the last	DUE TO, OR	AS A CONSEQUE	ENCE OF	Kill	ny s	rim	Wi	the	pe	P	nac	186
0	PART 2 OTHER SIGN			INTRIBUTING TO L				20a AUTO		20b. IF YE	S, WERE	FINDING		

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f. LOCATION STREET	CHY ON TOWN	STA
220.1 certify that (I) (this haspital)	ottended the deceased fro			, to9_ ith occurred on the dote and hour and from t	_, that (1) (we he couses state

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Richard T. Binford,

1135 Potomac Avenue, Hagerstown, Md. 21740

230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
Buria1	8-23-1986	Rock Creek Cemetery	Washington, D.C.

11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring, Md.

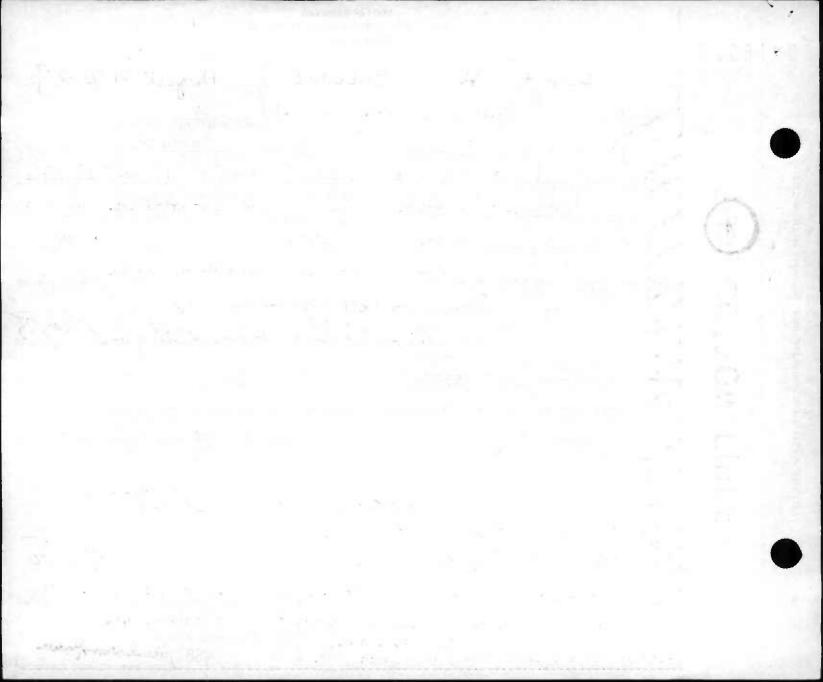
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL

24 FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21/201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within at haunt offer death. Page 4 moretained by the hospital or attending physician.	4 m
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune all director. p should be detached for use as the burial-transit permit. Then please remove carban pages 1 and 2 should be filed within 72 hours offer	tor, p

150	5 2		FOR STATE REGISTRAR		TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	4042	
page 3	JL		CEASED NAME FIRST (APPRINT) (har le	Henry H	Ba	rnhart	8-10-86	OAY YEAR 26. HOUR.	
ge 4 may ector, pa irs ofter d	1.	3. SE	nale 87	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	
Poge direc	6			76 CITIZEN OF WHAT COUNTRY	? 8	77 10	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
ne oth.	\$10		farvland	USA	MARRIE	D X NEVER MARRIED	Washington	gton	
he funer within	Polified			11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR	
d in by the			lagerstown	Washington Co	unty H	ospital	guard .	state prison	
filled	r must be	13a. S	Maryland Washi	other institution give residence before admission) ITY 13c. CITY OR TOWN Ington Hagerstown		13d. INSIDE CITY LIMITS? YES NOX	Route 9, Box	E 106 21740	
ed within mpletely and 2 sh	21/0	14. F.A	THER'S NAME FIRST Lester	Barnhar	t	15. MOTHER'S MAIDEN N. Alta	MIODLE	Lumm	
e execut and ca	medicol	(1	VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)		Mrs. Svlvia	ADDRESS a Barnhart, Hager	stown. Maryland	
cate be	avol. nt, the p		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED			11100 0)1010	barmare, mager	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
s that the death ce ed by the attendin slease remove corb	rial, cremation, ar or other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	UENCE OF	te pulmo	neof Edema M.1	1-2 hr.	
en signe	injury,	NO	PART 2. OTHER SIGNIFICANT C	CO LA	DEATH BUT	NOT RELATED TO THE TER	minal disease or condition Gi	VEN IN PART 1(0)	
an. has ber	ows any i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \)	
physici physici rtificate	entol Hygi Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2}	
G PHYSIC attending er this ce	and Mental	MEDICAL	21d INJURY OCCURRED while NOT WHILE AT WORK AL WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTENDING spital or attending CTOR: After d for use as t	, 19, that (I) (we) lost								
OR he he	E State Dept. o		obove, (I) (we) (did) (did not 22b. SIGNATURE	MEDICAL STAFF DIRECTOR PHYSICIAN	276 DATE SIGNED 8-11-8-6				
HOSPITAL fained by the	with the St		22d PHYSICIAN'S NAME (TYPE OF	M S		1933 Va	Ave. HERPLST	own, Md 21740	
Ter ret	3 ≥	23a. E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE	
BP	_	_	SPECIFY) SUTIAL	Aug.12,1986 R				Wash., Maryland	
DHMH - 16 6 (VRA 15			UNERAL DIRECTOR MINNICAL SAME BILLING	ADDRESS			UG 1 3 1986	DON'S SON A PROPERTY.	

*		8 !
	Page 4 moy be	director, pode 3
(her death.	he funeral
ND 21201	Jones of	flad by by

FOR DEPARTMENT OF HEALTH AND MENTA YGI & CERTIFICATE OF DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA YGI & CERTIFICATE OF DEATH

SECENSED MANY SHEET MEDIE 1451

Minnich Hagerstown.

24043

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10.		
	CEASED NAME	FIRST	A	AIDDLE	l	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 F	HOUR
1	Hel	en		100	2ac	hlev		8 27	1986	A
3. SE	×	4. F	RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF UN		NDER 24 HRS
	remal	e	White		4	13 189	11 89	YRS.	I DATS	A THE
	IRTHPLACE (STATE OR FO	OREIGN 76.	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	aryland		U.S.	A.	WIDOWE		Washing	ton Cou	inty	M
10 C	ITY OR TOWN OF DEA	TH 13.		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPA		26 KIND OF BUS	SINESS OF
Ha	agerstown					y Hospital	Teacher		Music	
13a. S		136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hagers	٧	13d. INSIDE CITY LIMITS?		/ ZIP CODE	2/74 ce St.	2)
14. F.A	ATHER'S NAME	MIDE	115	PZAL		15. MOTHER'S MAIDEN	NAME			
		Colli		Unseld		Nettie	MIDDLE	Unkr	nown	
	WAS DECEASED EVER I	N U.S. ARMEI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	Frog	tburg,	Maryl	and
,	No	(IF TES, OIVE W)	AR OR DATES			Rose Elle	n Morgan R			
	18 CAUSE OF DEATH			line for (o), (b), one	teo /		0 0		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	PART I. DEATH WA	AS CAUSED B IMMEDIATE C			<#	culo rev	al-fazia	12		
			DUE TO OF	R AS A CONSEQUE	NCE OF	- 1			- 0	p
	Conditions, if ony,		(b)		C	engar (-)	500525		Several	do
	gove rise to imm couse 10), stating		DUE TO OF	R AS A CONSEQUE	NCE OF		1		,	
	underlying couse	lost	(c)			CHF			1 008/	
-	PART 2 OTHER SIGN	FICANT CON	IDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN II	V PART TIO	
Š	multing	e hu	elema	RI	BARRE	of car	ASHN			
CERTIFICATION	190. DATE OF OPERAT	100	196 CONDI	TON FOR WHICH	OPERATIO	NWAS PERFORMED	200 AUTOPSY?		RE FINDINGS U G CAUSES OF D NO	
] 🗒	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN	URY IN ITEM IS PART 1	OR PART 2)	
18	OR CONTRIBUTING C		P./		19					
MEDICAL	21d INJURY OCCURR	ED	21e. PLACE (OF INJURY	PAR FIC 1	21f. LOCATION	CITY OR T	OWN	COUNTY	STATE
>	AT WORK AT WOR	LE .		ELITACIONI, OTTICE, II						
	22s. I certify that (I)	(this hospitol)	ottended the	e deceosed from_			, to		, that i	(I) (we) los
	saw the decease above, (1) (ve) (d	d olive on id) (did not) vi	ew the body	diter death 19	, or	nd that in (my) (our) opini	on death occurred on the	date and hour one	from the couse	es stoted
	226. SIGNATURE		1 100	(DEGREE	/		22c DATE SIGN	1ED
	1/1	- W	111			ATTENDING PHYSICIAN	MEDICAL ST.	ICIAN [A-38-A	6
1	22d. PHYSICIAN SUIA	ME (TYPE OR PR	INT) IV			22e ADDRESS		+		9
	IN. B.	KA	NGI.	M10-		1933 Va	Aug Hai	Endour	. Md	
23a f	BURIAL, CREMATION, F	REMOVAL	36. DATE		IAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION			
	Burial		8-30-	86 Ros	se H	ill Cemete	ry Hagerst	own Was	sh. Md	STATE
24. FI	UNERAL DIRECTOR				toma	T.A.	DE PCZ BISOUTRA	R 26. REGISTRARI	6 SIGNATURE	loce

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Gerald

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please stranger carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremitten, at remaral.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

60000

many orthograph or the contraction of the contracti

The special state of the second state of the s

(VR A15 ME (5))

COLD TO STATE OF THE STATE OF T The state of the s

STATE OF MARYLAND

1 . 2 : 3

	0 9 9				
	DECEASED NAME TYPE OR SHITTED	firdett //	SONBLOSSER	REG. NO. 20. DATE OF DEATH MONTH 8-13-86 8-1	0AY YEAR 26. HOUR 300P.
	SEX Male	4. RACE White 5. DATE MON NO.		6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	7b. CITIZEN OF WHAT COUNTRY? 8. MARRII U.S.A. WIDOW	Washington	TY OF DEATH MD.	
	agerstown	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington Co. Hosp:		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Manager	12b. KIND OF BUSINESS OR INDUSTRY Store
13	Md. Wa Father's Name	sh. Hagerstown	13d INSIDE CITY LIMITS? YES NO S 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / ZIP CO 2417 Pa. Ave.,	
	Warren	MIDDLE LAST	FIRST	WIOOFE	LAST
16	a WAS DECEASED EVER IN U.S. AR	BLOSSET RMED FORCES? 166 SOCIAL SECURITY NO.	Emma 17. INFORMANT	ADDRESS	Hoffer
		308-03-41.56		osser, Hagersto	wn, Md. 21740
	gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU		-/-	
A DISTA	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
				RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
1	WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased olive on	ital) opended the deceosed from	and that in (my) (our) opinion (death accurred on the date and h	., 19, that (I) (we) last aur and from the causes stated
	126 SIGNATURE / Bay	desalal fled	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8-13-86
	THE PHYSICIAN'S NAME OF THE	raczalik	The ADDRESS John) Slavaler d.	igustre led.
23	Bo. BURIAL, CREMATION, REMOVAL (SPECIFY Cremation	Control of the contro	cemetery or crematory	23d LOCATION CITYOR TOWN Smithshure In	COUNTY STATE

DHMH - 16 60M 7/B4

retained by the hospital or ottending physicion.

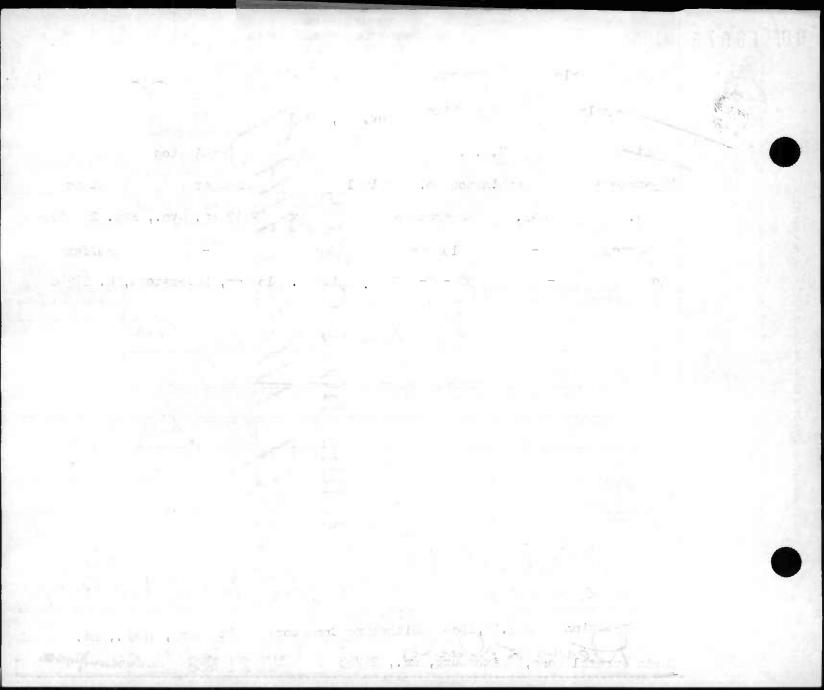
TO HOSPITAL OR

BP.

(VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical experience of the medic

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
ALIG 21 DORG



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

	1 -	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL	4	4 0 4 0			
ı		CEASED NAME FIRST	ElfZäbeth	1	AST	2a. DATE	REG. NO.	ONTH DAY	Y YEAR	26 HOUR
1	(TYPE	OR PRINT)	S	R-1	V: a		8	04	86	1,20
	3. SEX	Helen	1. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS
	-	`~ `	0	MONTH	H DAY YEAR		, _)	MO	NTHS DAYS	HOURS MIN.
	2	remale.	Cau	10	02 17		08	YRS.		
1		RTHPLACE (STATE OF FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	BALTIA	NORE CITY OR	COUNTYO	FDEATH	
21	Cun	nberland, Md	USA	WIDOW	DIVORCED	0 1	ASHING	ron c	COUNT	Y MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTION		AL OCCUPATION		126. KIND O	F BUSINESS OR
		AL RESIDENCE (IF NURSING HOME OR	WASHINGTON CO.	un Ex 1	You; Eal	(TITTE OF W	ORK FOR MOST OF W	• CRKING (IFE)	INDUSTRI	
	13a. S	STATE A 136 COUNT			13d. INSIDE CITY LIMIT	TS? 13e.STREE	T ADDRESS / Z	IP CODE	11	11/3
1	Mo	ryland was	hington Hugers	EOWA	YES NO	809	Corbett	SZ.	1	140
	14. FA	THER'S NAME	HIDDE LAST		15. MOTHER'S MAIDER	NAME	WIDDIE		LAS	Т
7		VAS DECEASED EVER IN U.S. ARA		URITY NO.	17. INFORMANT		ADDRESS			
1	(4	YES, NO OR UNKNOWN) (IF YES, GIVE	21407 3-	L30						
1		IN CAUSE OF DEATH S							APPROXI	MATE INTERVAL
-		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
ı		IMMEDIATE	ECAUSE (a) Cardio res	n.raco.	ry arrest				mine	1 Vel
- 1			DUE TO, OR AS A CONSEQU						100	
-		Canditions, if any, which	(1b) atterosci	lero Est	d'yeare				year	
- 1		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQU	ENCE OF						
4		underlying cause last.	1 1	Erve	lune disca	est e			year	
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	7		ASE OR CONDIT	ION GIVEN	IN PART 110	31
	CERTIFICATION									
	AT	190. DATE OF OPERATION	196. CONDITION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES CO			
6	E I	_								_
	ER	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OC					
		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR		(2312)				
	Ž.	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	ALL LOCATION					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	i	COUNTY	STATE
		AT WORK NOT WHILE				<u> </u>				
		22a.1 certify that (I) (this hospite			7/9 19	P6		P/4 19	86	that (I) (we) last
		sow the deceased alive an abave, (1) (we) (did) (did not	8/4 19	P6	nd that in (my) (aur) ap	inion death accu	rred on the date	and hour o	and from the	couses stated
		226. SIGNATURE	/ //		DEGREE				22c. DATE	SIGNED
		Cohomes	B 7 fayerood m	a	ATTENDII PHYSICI		AL STAFF OR PHYSICIA	NE	8/4	66
		226. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	~ ,	0.14	11	,	0
		Thomas a		1.4.	645 €.	Find	1	Yayen	Your o	M. 217
	23a. B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATE	ORY 23d. LC	CATION CITY OR TOWN		COUNTY	STATE
		burial		ose Hi	.11 Cemetery		gerstow			
		UNERAL DIRECTOMINNICH	ADDRESS			DATE REC'D. B	Y REGISTRAR 25	b. REGISTRA	R'S SIGNAT	URBANIC
	4	15 E. Wilson Bly	vd., Hagerstown	, Md.	21740	AUG 7	1986	h -000 to 000		

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.
IMPORTANT: If Item 21 is marked-ar Item 48 shows any injury, ar other traumatic event, the medical

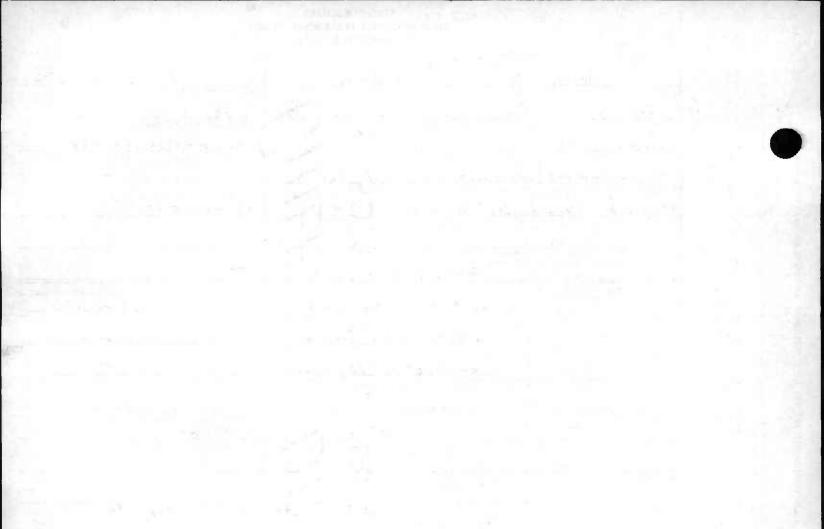
ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

BP.

3

(VRA 15, 4)



FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENS 6 2 4 0 4 7
EASED NAME BLAND		2a. DATE OF DEATH MONTH PAY YEAR 26 HOURS 3 86
emale	white MAR. 21 1906	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.
MARYLAND	CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED WOOKED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Washing for MD.
agerstown	I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 305 700LE Dr.	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY HOUSE WORK FOR MOST OF WORKING LIFE) HOUSE WIFE
HARVEAND WASH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 1	13. STREET ADDRESS / ZIP CODE AGUE ST.
	BEN CONLEY BESSIE	GENBER CONCEY
ES, NO OR UNKNOWN) (IF YES, GIVE W	213-12-1600 Emma JA	NE BOWSER ITEM 13 ABOV
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE)	ICAL alla Fr. I. A	APPROXIMATE INTERVAL BETWEEMONSET AND DEATH
Conditions, if any, which gave rise to immediate cause tol, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) Are to sto by Carcinoma DUE TO, OR MACONSEQUENCE OF CARCINOMA (c) Enclosed View (WC)	neekr
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED UN CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET	CITY OR TOWN COUNTY STATE

underlying couse last. (c)_ PART 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 196 CON 210. ACCIDENT WAS UNDERLYING 216. TIME HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLAC (AT HOME NOT WHILE AT WORK 19 5, to 19 5, though (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 I certify that (1) (this haspital) attended the deceased from. day the deceand give on 226. SIGNATURE DEGREE

NAME

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

STAFF

230. BURIAL, CREMATION, REMOVAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT!

CERTIFICATION

MEDICAL

AUG. 16,1986 RIVERVIEW

23d. LOCATION WILLIAMSPORT

ASORM. OSBORNE POBOX348 NO 21795

23b. DATE

MILLIAMSPORTS DATE RECD. BY REGISTRAR 155 REGISTRAR'S SICE

District of the same of the same DAY PLOUDE VINE The state of the s

VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	U
	-
Mysician.	5
scale has been signed by the attending physician and simplified in by the mercal director, page 3	2
ransit permit. Then please remove carbonpapers. Pages Logist about be filed within 72 hours after death	
MANAGEMENT OF THE PERSON OF TH	

	ST	A	TE	OF	M	A	RYI	AN.	10
	 	-							

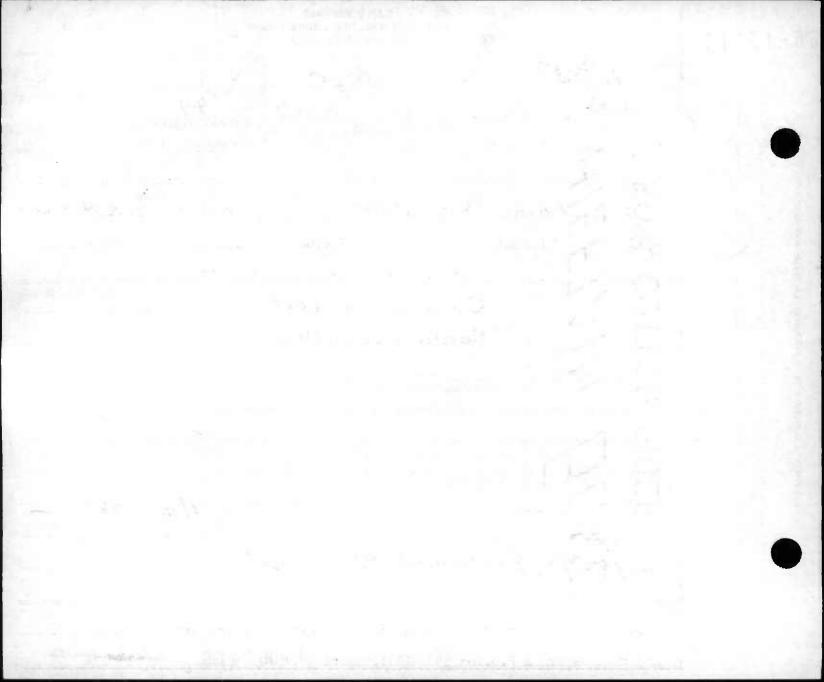
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 2

1	FOR STATE REGISTRAR			F HEALTH AND MENTAL HY	YGIENE 6 2 2	1045		
I DE	CEASED NAME P. 1851		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
(IM	ROLLER P	8 8	Elwood	Bour	0-9-86	78.4		
3.58	x again	4 RACE	Wood Is DAI	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
Z	male	Cxuc	MC	DNTH DAY YEAR	49 YR	MONTHS DAYS HOURS MIN.		
*	SETHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH		
	VAGORSTONN	US.		WED DIVORCED F	ma /	O ' MD.		
10.C	ITY ON TOWN OF DEATH		HOSPITAL, NURSING HOM	NE OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
8	INGERSTORN	MXS		65 p.	Dock Worke			
130.	AL RESIDENCE IN HUBBING HOME OR STATE 13b COUR	YTY	13c. GITY OR TOWN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CO	TEX HILL OR.		
7	ATHERS NAME	wd0ut.	LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST		
1	Carl Wi	lliam	Boyer	Thelma	Lucinda	McCov		
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO		ADDRESS	Hoody		
1110	YES NO OR UNKNOWN) (# YES GN	S MYS CHURCH	214-34-9212	Patsey Boye	r Item 13 above	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O DUE TO, O	Cardiac RAS A CONSEQUENCE O RAS A CONSEQUENCE O DITRIBUTING TO DEATH F	yopathy	RMINAL DISEASE OR CONDITION	GIVEN IN PART I to		
CERTIFICATION			ITION FOR WHICH OPERA		200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO			
	21s. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CONCENTRIBUTING C	110110 4	F INJURY M. MONTH DAY YE	AR 21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
CA	IF EIDER, HOTFF WORLALEXAMINE			9				
MEDICAL	TIM INJURY OCCURRED	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	220.1 certify that (1) (this back saw the deceased alive an abave, (1) (w. 144d) (did no			, and that in (my) (aur) apinia	n death accurred an the date and	, 19 6, that (I) (we) hast haur and fram the causes stated		
	27% SIGNATURE	Mu	unanII	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	22c. DATE SIGNED		
73a	BURIAL, CREMATION, REMOVAL	22h DATE	23c. NAME C	F CEMETERY OR CREMATORY	Y 23d LOCATION	COUNTY STATE		
	Burial	8-12-	86 Mt. V	iew Cemetery	Sharpsburg Wa	ashington Md.		
24. F	UNERAL DIRECTOR	All I	ADDRESS	15a D	ATE REC'D. BY REGISTRAR 736 REC	SISTRAR'S SIGNATURE		
	Major M. Osborb	e P.o.		iamsport Md. A	UG 14 1986	Davidson Hardall		

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR. should be detached for us with the State Dept. of He



6562

Ust be matified at once

	SI	A	TE	OF	M	ARYL	AND	
ARTMENT	10	F	HE	AL	TH	AND	MENTAL	H

DEP YGIENE A 2404

1 - S1			DEPARTA		ICATE OF DEATH	INE 6 2 4	0 4 9			
	SED NAME FIRST		MIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
Eli Eli	zabeth		Br	oedne	r	august 12 86 1: 21				
3. SEX		4. RACE		5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24			
F	'emale	Caucas	ion	8 -	11 - 1891	95 YRS	MONTHS DAYS HOURS			
7a. BIRTH	PLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH			
-	many	United	States	WIDOW		Washington Cou	inty			
10 CITY	erstown	(IF NOT IN SU	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GVE STREET ADDRESS). Washington Hospital			120 USUAL OCCUPATION HERE OF WORK FOR MOST OF WORKING HOMEMAKET	126 KIND OF BUSINES. HOME HOME			
USUAL R 130. STAT		ne or other institution OUNTY hington	13t. CITY OR TOW Hagersto	N	13d. INSIDE CITY LIMITS?	107 F 1 D D 1740				
14 FATHI	ER'S NAME FIRST	WIDDLE	Mahr	1	15. MOTHER'S MAIDEN NAM Margaret -	ME	LAST			
160 WAS	DECEASED EVER IN U.S	. ARMED FORCES? S, GIVE WAR OR DATES)	573-25-3		17. INFORMANT Barbara Humm	el (Same as # 1	.3)			
18.	CAUSE OF DEATH (Ente	er only one couse pe	r line for (a), (b), and	d ici.1		4	APPROXIMATE INTERV BETWEEN ONSET AND D			
	PART I. DEATH WAS CA	.USED BY: DIATE CAUSE (0)	Duit	u	Rulysace	. Talue	arun			
g	onditions, if any, which ave rise to immediate ause (a), stating the nderlying cause lost	DUE TO, C	OR AS A CONSEQUE	NCE OF	clerate &	ktos Dusea	asus			
	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO									
CERTIFICATION 1961	DATE OF OPERATION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO			
- 01	D. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A	DF INJURY I.M. MONTH DA I.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
Ä.	HILE NOT WHILE NORK		OF INJURY IREET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STA			
	sow the deceased alivabave, (1) (we) (did) (di	e on	he deceased from_		nd that in (my) (aur) apinion of DEGREE	death accurred on the date and h				
	I. PHYSICIAN'S NAME (1	4 7	Pura		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/2/87			
120	FIFTSICIAN'S NAME IT	OR 14.	F. Pu	PA	339 €.	But ret on	81 Hogersh			
Bur Bur	IAL, CREMATION, REMO	VAL 236. DATE 8 -	15 –86 G	len Ha	ewetery or crematory even Cemetery	Glemor Burnie,	A.coAny MD st.			

DHMH - 16 60M 7/B4

BP.

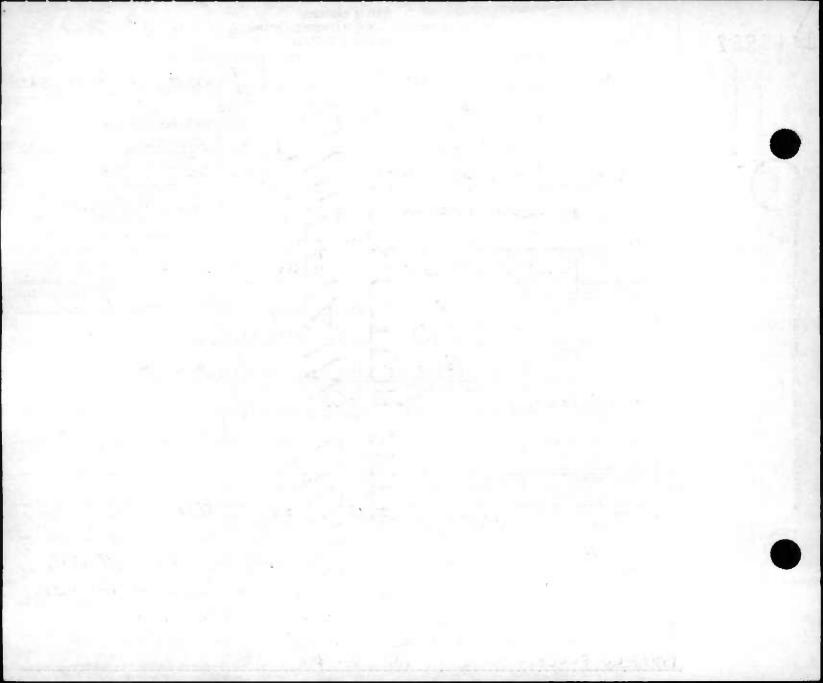
24 FUNERAL DIRECTOR 495 RITCHIE H BARRANCO FUNERAL HOME 495 Ritchie Huy (VRA 15, 4)

Gren Laven Cemerer A

Greir Burline,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Soverna

ma



305 N. Potomac St.

Minnich Hagerstown, Maryland

DHMH - 16 60M 7/84

(VRA 15, 4)

The Elithert of Late and the Late of the l

The transfer of the second sec

1		
۱	1-	
1	1. DE	
ı	3 SE	
1	7g. B	
Ì	10. C	1
	USU.	400
1	160. V	4
f		ĺ

FOR

STATE CERTIFICATE OF DEATH REGISTRAR EASED NAME Margine eannette DATE OF BIRTH Female White 18, 1908 Dec. 9. BALTIMORE CITY OR COUNTY OF DEATH RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED IRGINIO USA NAME OF HOSPITAL NURSING HOME OF OTHER 126 KIND OF BUSINESS OR INDUSTRY Practical Nurse Medical 13e. STREET ADDRESS 113d. INSIDE CITY LIMITS? lifornia Napa Angwin YES XX Pine Breeze Nursing Home NO THER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Rodgers Jeannette 124 Benson Dr. VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ES. NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 579-09-7035 Jeannette Spoor Lodi, CA 95240 8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a CONSEQUENCE OF Sundrome Canditians, if any, which cause (a), stating the DUE TO, OR AS A CONSPOUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 71g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from December saw in deceased alive an about 11 we) (did) (did nat) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 775 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 16220 Frederick Road, John R. Melnick Gaithersburg, MD 20877 230 BURIAL CHEMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Sep.2,1986 Rest Haven Cemetery Hagerstown Washington Maryland Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Major M.Osborne Williamsport, MD 21795

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(VRA 15, 4)

EXECUTE OF THE STATE

C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG	IENE 6 2.	d 1) 5	2
	CEASED NAME	FIRST	,	MIDDLE		AST	20. DATE OF DEATH			2b. HOUR
(TYPE	OR PRINT)	Reta		Louise	В	urtner	Aug	ust 1	1 1986	1.27 p
3. SE	X	4.	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	# UNDER 24 HRS
	emale		Whit		12	15 1900	85	YRS.	DNIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	aryland		US.	A	WIDOWE		Washingto	on Cou	nty	MD.
10 CI	TY OR TOWN OF DE	ATH 11	. NAME OF H	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATE		126 KIND OF INDUSTRY	BUSINESSOR
Bo	onsboro		Reeder			me	Teacher		Educat	tion
USU/	AL RESIDENCE (IF NUI	136 COUNTY		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		211	13
	arvland	Washi		Keedysvi		YES NO XX	1415.	Mai	ns.	+.
	THER'S NAME				1110	15. MOTHER'S MAIDEN NAM				* *
	FIRST	A MID	DLE	Miller		Fannie	G.		Geetin	na
16a V	John VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRE	SS	Geetii	.18
	YES, NO OR UNKNOWN)	(IF YES, GIVE W		218-40-2		Roger E. Bur	tner Reist	erstow	n. MD 2	21136
	18 CAUSE OF DEA	TH (Enter only	one couse per	line for rol. ibs on	d (c).)	141	/	1 1		MATE INTERVAL NSET AND DEATH
~	PART I. DEATH	WAS CAUSED	3Y:	Sen	1	Coorder and	1 Server 9	Rememb!		
/	917	IMMEDIATE (2 10	V 10		54	1/
	Conditions if an	A SA	DUE TO, OI	R AS A CONSEQUI	ENCE OF	e) CVHs			204	de
	Conditions, if on	nmediote	(b)		nipe					
	cause (a), state underlying cous		DUE TO, OI	R AS A CONSEQUI	ENCE OF				100	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISE.									
CERTIFICATION	PART 2. OTHER SIC	SNIFICANT CO		aluent	ao M	NOT BELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART Tra	
CAT			ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS				
TIFIC			1				YES NOT YES		YING CAUSES OF DEATH?	
E S	210. ACCIDENT WAS U	NDERLYING	716 TIME O		ar men	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
	OR CONTRIBUTING		HOUR AJ		AY YEAR					
MEDICAL	21d. INJURY OCCU		71e PLACE	rest.	14	ZII. LOCATION				
WE	WHILE AT WORK	ONE C	TAT HOME STE	EET, FACTORY, OFFICE, F				WN	COUNTY	STATE
	22s.I certify that (l) (this hospital) attended th	e decyased from_	178	19	, to		9, tl	hot (I) (we) last
-	saw the deceo obove, (I) (we)	sed alwern	deply the body	affer death.	VI 01	d that in (my) (aur) apinion (death occurred on the do	ite and hour	ond from the co	auses stated
	22b. SIGNATURE	100	111	1	11.2	DEGREE	4		22c. DATE S	IGNED
	/	141	3/	in		ATTENDING PHYSICIAN	MEDICAL STAF			
	224 PHYSICIANS NAME THE CHANN					22e ADDRESS	0 0		VI	11.
	K.L.Ku	19 ex	ND			100 Geeting	Ln. 4.O. Box	246	needy	BVILLE
23a. E	BURIAL, CREMATION	, REMOVAL	236 DATE	23c. 1	NAME OF C	EMETERY OR CREMATOR	23d. LOCATION		COUNTY	STATE
	Burial		8/14/	86 Fa	airvie	w Cemetery	Keedysvi	lle Wa		517112
24 FI	NUMBER OF	m. 11	Inch.		ng St	250. DAT	E REC'D. BY REGISTRAR			
В	rown Fune	ral Hom	e POB	ox 821.Ma			181465 4	ha Son	dame De l	lass.
								The second secon	THE RESERVE	and the same of th

DHMH - 16 50M 4/82

MPORTANT: If Hem 2] is marked or Hem 18 shows any injury, or other traumatic event, the medical exami

(VRA 15, 4)

BP

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ć
CERTIFICATE OF DEATH	~

9	4	0	5	3
Cim		1	de	-

1						STATI	E OF MARYLAND				**	
	1.	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	IENE 6	2 4	0 5	3	
)		REGISTRAR				*******	ICATE OF DEATH		G. NO.			
1		EASED NAME	FIRST	A	MIDDLE	an	150	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR				
	3 SEX	Olive	T.	RACE	ary	C/1	LC K	6 AGE (INYEARS L	LO, 1	986 IF UNDER 1 YEAR	IF UNDER 24 HRS	
١	100	EMALE		Whit	e	Jul		84	~	ONTHS DATS	HOURS MIN.	
E	100	THPLACE (STATE OR F	OREIGN 7h		WHAT COUNTRY?	8			TY OR COUNTY	OF DEATH		
9	N	laryland	1	U	SA	WIDOWE		WASHIN	uston	Coun	ty MD.	
1	61		un	AUALO	MAN	OV	DR OTHER INSTITUTION	Housew.	AOST OF WORKING LIFE		F BUSINESS OR	
2	13a. S	i RESIDENCE LIFNURS	N36 COUNTY Alle	1	Barrel.	N .	134 INSIDE CITY LIMITS?	Route	ESS / ZIP CODE 1, Box	155 /	21545	
1	14 FA	THER'S NAME		ODLE	IAST		15 MOTHER'S MAIDEN NA					
		Jacob	P.	DULE	Bridges	5	Fannie	MIDI	Blu	cher		
Ç	160 W	AS DECEASED EVER	IN U.S. ARMI		166 SOCIAL SECU		17 INFORMANT		DDRESSRte			
1		NO			215-20-	0447	Lawrence F	lorita	- Hanco			
		PART I. DEATH W	AS CAUSED	BY.	line far (a), fol, and	10	sila ma	Frehr SEC		BETWEEN	MATE INTERVAL INSET AND DEATH	
			IMMEDIATE		a se a designation	Var as	THE RELIEF	1				
1		Canditions, if any,	which	(b)	RAS A CONSEQUE	-	mailtable	alsens		Wes	KS	
		gave rise to imm cause (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	0 0 0) B				
		underlying cause	lost.	(c)		10	replaced Va	scalas	23 Sec S	Yr	4	
	NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVI	N IN PART THE		
î	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDIN		
-	E							YES NO				
7	1000	210. ACCIDENT WAS UNE		21b. TIME O	FINJURY 216. HOW INJURY OCCURR			RED (ENTER NATURE O	OF INJURY IN ITEM 18 PA	ART OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	Р.								
1	MED	114 INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC }	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
4		AT WOL	RK									
		220.1 certify that (1)				0.5	nd that in (my) (our) opinion o	death accurred on t			hat (I) (we) last	
		saw the decease above, (I) (we) (c 22b. SIGNATURE	did) (d/d not)	view the bady	after death.		DEGREE	deom occorred dir	The dote ond noor	22c. DATE S		
		M. SIGNATORE	1	cele	9000		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN [AZ	R-28	
840		22d PHYSICIAN'S NA	ME (TIPE OFF	RINT)	1		22e ADDRESS	٨	F.,	7	7	
	22 0	L M	~ TS	CAU	6	1115 05 0	11933 Va	11/9		202 000	1 19	
	230. B	Burial Burial	REMOVAL	236 DATE	30,1986		Patricks	23d LOCATION CITY OR TON	WN	COUNTY	STATE	
	24 FU	NERAL DIRECTOR		Aug.		56.		Mt. Sav		Llegan RAR'S SIGNATE		
		John J.	Hafe	r, Jr	LaVa	ale.	MD 215025F	P 8 198		neudann-M	Marian	
-11												

DHMH - 16 60M 7/B4 (VRA 15, 4)

Tentus simus relative motinidas e sarost

Maryland Pleganyd Borrelleville a Route 1. Dow 155 / 2 345

Tip- I-1005 townence tiorics - linecook, MH 21790

Right Date 30 1996 St. Patrifeks Nt. Saver . Allegeny Mi

John J. Maist, Jr. Lavelo, all 18500 File

201
17
0
Z
X.
A A
ALTIMORE, MARYLAN
E)
0
₹
A
80
ZI.
N ST
2
RESTO
8
3
-
5
AL RECORDS, 2
Ö
RECORE
2
IA
>
07
~
000
>
۵

	1					OF MARYLAND					çia	-0
10010	11	FOR - STATE		DEPART		EALTH AND MENTA			2 4	U	3	kul
-16319		REGISTRAR Mary M	Whalen	Carson	CERTIF	CATE OF DEATH		REG. I				tell of
		CEASED NAME FIRST		MIDDLE	CAT	ST	2c. DA	TE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
noy be poge 3	1	Mar	y Wi	nnie	CAF	RSON			08	20	86	2:25p
mo .	3 SE		4. RACE		S. DATE O			(IN YEARS LAST B	IRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
s of		Female	Bla	Black		16 06		79 YRS MC			NTHS DAYS HOURS MIN.	
arth For		RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY	? 8		0 BAI	TIMORE CITY	1.01		EATH	
		MD	US		WIDOWE	NEVER MARRIEL		shinato	n			M
The state of the s	10. C	ITY OR TOWN OF DEATH	M NAME O	F HOSPITAL, NURS	NG HOME O	R OTHER INSTITUTIO	N 12a US	SUAL OCCUPA	TION			F BUSINESS OR
1 5 13 %/	Пи	agerstown	-	ern Maryla		tor	(TYPE C	H/W	OF WORKING	3 LIFE) INC	DUSTRY	
mo / 100	4151	AL DECIDENCE US NUID ALL	E OR OTHER INSTITUTION	ON, GIVE RESIDENCE BEFO	RE ADMISSION)						1	21 1
7 (F 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	130.	MD MD	OUNTY	Pomfre		13d. INSIDE CITY LIMI		EET ADDRESS			1	16 %
E SHOTE	14. F	ATHER'S NAME	. Marys	Pomire	·	15 MOTHER'S MAIDE		. 29 1	OX /	<u> </u>		
3 2 2	V		ph Benn	etdanton		Cathe	erine	Gant		x V	***	*
interior with 24 hours of the secured with 24 hours opers. Pages and 2 hours out.	160	WAS DECEASED EVER IN U.S	-		URITY NO	17 INFORMANT		ADDI	RESS		MAM	41
			S, GIVE WAR OR DATES									
be be			No			Rex Car	son				APPROYE	MATE INTERVAL
physicate a physic an pope emoval event, t		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y: Coronary artery disease								Yea	
ng p Don rem		IMMEDIATE CAUSE (a) COTOMATY SITETY GIBEASE										
deoth o attendir ave corl tion, or		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which gove rise to immediate (b) Chronic obstructive pulmonary disease Years										
the tremo		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
that d by lease iof, cr		((c) Right Cerebrovascular atroke Months										
gne bur,	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
requirents	⊒ E	Diabetes Mellitus, Syndrome of inappropriate anti-diuretic hormone 190 Date of Operation 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 1700 AUTOPSY? 1700 IF YES, WERE FINDINGS USED										
y dergo	CERTIFICATION	190 DATE OF OPERATION	196 CON	IDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200	AUTOPSY?	IN CER	YES, WER	CAUSES	OF DEATH?
The le	1 1 1						YES	NO O		YES 🗌		NO 🗌
ding physici sertificate build-transi Mental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C		OF INJURY A.M. MONTH [DAY YEAR	21c HOW INJURY O	CCURRED (EN	ITER NATURE OF IN.	IURY IN ITEM	8 PART I OF	R PART 2)	
SICIAN: ag physicertifical riol-tran ental Hy ltem 18	₹ S	(IF EITHER NOTIFY MEDICAL EXAM	OLAIN .	P.M.	19							
1 5 5 7	MEDICAL	21d. INJURY OCCURRED	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE	FARM FTC	211 LOCATION STREET		CITY OR 1	OWN	cc	YINUC	STATE
() # a # a e	2	AT WORK AT WORK	1	3,1121,172,001,011,0	0.4		0.6	A		0		
50 (0)		220.1 certify that (1/2)(this h			0/1	. 19_	00 , to.	0/20		. 19 0	0	that 🗶 (we) las
		saw the deceased aliv abave, (i) (www.did) (di	8/2	dy after death	86, an	d that in (my) (XX or	pinion death a	ccurred an the	date and h	nour and f	fram the	couses stated
= - 0 +	1.	210-SIGNATURE	A HOTE VIEW THE BUI	ay direr dedili.		DEGREE					2c. DATE S	
4 + 4 + 6		JEM/11	0-6	AII	1//1	ATTEND	ING A MED	TOR PHYS	AFF		8/21	./86
HOSPITAL (ned by the FUNERAL (uld be deto other Store ONTAN). If the Store ONTAN).		224 ALPT STEAM STEAME	on seint	1)11	4	1500 Penr						
HOS FUR Uld I		Kyung S./	Kim, M.I).					nue			
retaine TO FU Should	220	BURIAL, CREMATION, REMO	TOTAL TOTAL CONTRACTOR	T 22.	NAME OF C	Hagerstov	Mn Md	21740 LOCATION				
		(SPECIFY)	A 12	22 06 0	la a sa 3	METEROR CREMAT arden s Memoei	IS Z36.	CITY OR TOWN		COUN		STATE
BP	24.1	Burial	Aug.	23,0010	narie	s Memoei	al Le	onard		STRAR'S		
DHMH - 16 60M 7/84	1	1 20 1 20	1115	ADDRESS	17	7 7.1			fisher.			
(VRA 15, 4)	1	May 1	ogyxy	orton	randy	er fild	AUG 26	HEE	guna	LALL GO	Man of	
			/ /									

at 6.28 at

BYLAND

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	-	2	1.00	3 100			
73	68	. 3	7.45	2			
600	Street, or	1	and.	not the			

REGISTRAK	*	4411111	TARLE OF B		REG. N	0.			
1. DECEASED NAME FIRST	WIDDLE	LA	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
JOEN	DA L		COOK			8 15	86	53	
3. SEX	4 RACE	5. DATE O			6. AGE (IN YEARS LAST BIR	THDAY) IF U	FUNDER I YEAR IF UNDER 24 HRS		
Female	White	Dec		1941	يليل	HS DAYS	DAYS HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8.	MEVER A	AAPPIED T	9 BALTIMORE CITY OR COUNTY OF DEATH Washington County 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 120 USUAL OCCUPATION 121 USUAL OCCUPATION 122 USUAL OCCUPATION 123 USUAL OCCUPATION 124 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL				
Maryland	U.S.A.	WIDOWE		VORCED					
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME O	R OTHER INST	ITUTION					
Hagerstown /	Washington Co	ounty Hos	spital		Asst. Sale	s Mgr.	Stair	rease	
JOUAL RESIDENCE (IF NURSING HOM 30. STATE	OR OTHER INSTITUTION GIVE RESIDENCE		13d INSIDE C	ITY HAAITS?	13e.STREET ADDRESS	/ 7IP CODE	C/C	1474	
VE.		castle	YES	NO 🏋	2470 Willi		1./1	7225	
ATHER'S NAME	MIDDLE LAS			MAIDEN NA					
UNKNO				FIRST	UNKNOWN		LAS	1	
160 WAS DECEASED EVER IN U.S.	C. 1. C. 1. C.	SECURITY NO.	17. INFORMA	NT	ADDRI	SS Green	cast.	le, PA	
No No	213-	42-2065	Darwin	C. Co	ok Sr. 2470				
18 CAUSE OF DEATH (Ente	r only one couse per line for 194, (and (c)	O 00	^~			BETWEEN	MATE INTERVAL ONSET AND DEATH	
PART I. DE ATH WAS CA	DIATE CAUSE (a)	WIORCS	· 126	RESU					
	DUE TO, OR AS A CONS	SEQUENCE OF	- 2	045.		4			
Canditians, if ony, which	((b) //) e	BUBG	10 (D-K(11	vons No	The			
gave rise to immediate couse (a), stating the		EDITANCE OF							
underlying cause lost.		15/102)	T.						
PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a	
NO NO									
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION	WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, W			
THE					YES NO	YES [NO [
	LICID A 14 MONITI	DAY VEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		
OR CONTRIBUTING CAUSE OF		DAY YEAR							
(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY		211 LOCATIO		C1711 CA TO		COUNTY	STATE	
WHILE NOT WHILE	(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC }	STREET		CITY OR TO	TAN LA	COUNTY	SIAIE	
	mpital) attended the deceased f	rom		. 19	, ta			that (I) (we) los	
saw the deceased plive	on the bady after death.	.19, an	d that in (my)	(aur) opinian	death occurred on the d	ate and haur an	d fram the	causes stated	
72% SIGNATURE /	A / I	i i	DEGREE				22c DATE	SIGNED	

completely filled in by the DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. corbonpapers. Pages cremation, or removal. should be detached for use os the burial-tronsit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, After this certificate hos been signed ATTENDING PHYSICIAN: The TO FUNERAL DIRECTOR:

DHMH - 16 80M 7/84

230. BURIAL, CREMATION, REMOVAL 23b. DATE 8/18/1986

22e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

Franklin, Penna.

24 FUNERAL DIRECTOR

Burial

ADDRESS 50 S. Broad St. 250 DATE REC'D. BY REGISTRAR 256 REG. Waynesboro, Pa. AUG 20 Man

ATTENDING PHYSICIAN

22c. DATE SIGNED

(VRA 15, 4)

If Item 21 is morked or Item 18 shows

MPORTANT

A HEWST

Wilstoffington Columbia

. will a source of the season of the season

Ferma, Prequestin Deconcernie x 2270 Militareun Rd. 17225 Ig-circ.ell

Driencustle, 24

213-17-2005 Darwin E. Core or. 2070 1771 amoun ad.

.wincy Dog., Franklin, Prome. THE SHIP TO COLL ED 5. TELED SE. . Fig. 1010 Fig. 18.

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 17

(VR A15 ME (5))

SEP OF THE STATE STATES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

- STATE CERTIFICATE OF DEATH REGISTRAN REG. NO DECEASED NAME TH DATE OF DEATH PRST 75. HOUR LUME CHARGITY Ida Catherine DRAPER August 9, 1986 1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE INVENTION INTERNITORY OF LONDON HAVE ARE DAYS 26, 1902 female. white July 84 E BIRTHPLACE (STATE OF FOREIGH 26 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Maryland U.S.A. Washington WIDOWED!X M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 17h KIND OF BUSINESS OF INDUSTRY TH MOT IN SUCH FACILITY, ONE STREET ADDRESSS COME OF WORL FOR MOST OF WORKING LIFE! Hagerstown Washington County Hospital secretary government DSUAL RESIDENCE OF NURSING HOME OF OTHER INSTITUTION, GAR RESIDENCE REPORT ADMISSION THE STATE THE PROPERTY OF 13b. COUNTY MICCITY OF TOWN 13e STREET ADDRESS / ZIP CODE 21740 Maryland Washington Hagerstown 523 Summit Avenue I FATHER'S NAME IS MOTHER'S MAIDEN NAME Lillian Bowders Daniel Webster Baker Clara ME WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT LYES, NO ON UNKNOWN I I F YE'S, GIVE WAR ON DATES! Mr. John D. Scott, Hagerstown, Maryland no III. CAUSE OF DEATH (Enter only one course per line for in), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse fost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART THE 70L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 71e. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY TIC HOW INJURY OCCURRED. [CHIEF HAT JRE DE PHILIPS PHILIPS PHILIP AND) OR PART 2] HOUR A.M. MONTH DAY YEAR DRICONTRIBUTING CAUSE OF DEATH

(# EITHER, NICTEY MEDICAL ERAMINER) 214 INJURY OCCURRED

\$ 44

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

71e PLACE OF INJURY

TIL LOCATION

AT WORK ettended the deceased from 22s I certify that (1)

and that in (my) (sweepinian death accurred on the date and hour and from the cause) stated

STATE

COUNTY

ATTENDING PHYSICIAR

PMEDICAL DIRECTOR PHYSICIAN

DIFFORTOWN

22r DATE SIGNED

27e ADDRESS

23s. BURIAL CREMATION, REMOVAL burial

23L NAME OF CEMETERY OR CREMATORY

Aug. 12,1986 Rest Haven Cemetery

DEGREE

234 LOCATION

Hagerstown, Wash., Maryland

MINNICH FUNERAL HOME

25a DATE REC'D. BY REGISTRARI25b. REGISTRAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Maryland 21740

ma Landow particion

DHMH - 16 60M 7/84 (VRA 15. 4)

CRIANT

94

Thereton have been and the contract to the second

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF DEATH

5 2 40

16309	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF I	HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 6	2 4 4 NO.) 5	8
. 0000		CEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
ge 4 may be ector, page 3	(1116	Calvin	Gardner Dr	enner		August	23, 19	86	6:45a M
mo)	s. SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST E		ONTHS DAYS	IF UNDER 24 HRS
ge 4	1	Male	White	Sept	. 26°, 1921	64	YRS.		
nerol or		RTHPLACE (STATE OR FOREIGN arpsburg, Md	76 CITIZEN OF WHAT COUNT USA	RY2 8	ED ENEVER MARRIED	9 BALTIMORE CITY Washing	_	OF DEATH	MD.
offer d	100	gerstown	11. NAME OF HOSPITAL, NUI 412 Indiana	RSING HOME (REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Machini	TION TOF WORKING LIFE)	126. KIND C INDUSTRY VIack	Truck
24 hours	13a. S	STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 412 Ind	S / ZIP CODE		21740
ed within		artin Luth	er Drenner		15 MOTHER'S MAIDEN NA Elizabet	MIDDLE	Bowe	rs	àΤ
n and co Pages 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!		Eula B. Di		see #	13 ab	ove
sicio pers. ol.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per line for (a), (b)						IMATÉ INTERVAL ONSET AND DEATH
equires that the death certifical signed by the attending phys. Then please remove carbon popt to burial, cremation, or remaxiniury, or ather traumatic event,		Conditions, if ony, which gove rise to immediate couse (D), stating the	DUE TO, OR AS A CONSE		e myelo	<u> </u>		5	years
requires that sen signed by t. Then please or to burial, any y injury, or ath	TION		(c)CONDITIONS CONTRIBUTING			MINAL DISEASE OR CO		N IN PART 11	
on. hos be t permi	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	ON WAS PERFORMED	YES NO		ING CAUSES	OF DEATH?
CIAN: T a physici gertificate ol-transi ntal Hygi em 18 sh	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT I OR PART 2)	
offending offending her this of s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
spital or CTOR: Aft for use a of Health		sow the deceased of the o above (I) we) (did) did n	oitol) ottended the deceased from	<u>86</u>	and that in (my) (our) apinion	deoth occurred on the	dote and hour		
TAL OR A y the hosi RAL DIREC detoched tote Dept. NT: If frem		221-SGNATURE	+ Uan	6	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	TAFF SICIAN []		318P
O HOSPITAL etoined by th TO FUNERAL should be dert with the State (MPORTANT:		Frederic H	CASS III		1825 160	vell had	Ites	ersto	ww Me
Z e + 2 3 ₹		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		Burial	8/26/86	Cedar	Lawn Mem. I	k Hager	stown.	Mary	rland
DHMH - 16 60M 7/B4	24 FI	uneral director	305 N. Pot	omac i	Maryland A	IC 26 1996	TOTAL CONTRACTOR	ARS SIGNA	STRANGE !

A Line Company of the . or the second of the second world a mount is a first to the

STATE OF MARYLAND

DEMENT OF BEALTH AND MENTAL BYCIENE

4	4	. 3	5	6
2	6-3	1.3	000	1

	- STATE REGISTRAR		DEFARIM		ICATE OF DEATH	REG. NO).	2	,
	I. DECEASED NAME (TYPE OR PRINT) Rhod	TINGT	nor E	CHEL	BERGER	August 13,		Y YEAR	26. HOUR 15
	3. SEX.	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	female	whi	te	June	2, 1898 YEAR	88	YRS.	NIHS DATS	HOURS MIN.
4	TO BIRTHPLACE (STATE ORF	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O		F DEATH	
	Maryland	USA	-01	WIDOWE	D NEVER MARRIED DIVORCED	Washingt	on		MD
01	Hagerstown	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	DORESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF housewife	WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURS 130. STATE Maryland	ing home or other institution 13b. COUNTY Washington	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Hagerstor	1	13d. INSIDE CITY LIMITS? YES K NO [55 Manor D	ZIP CODE	217	40
à	14 FATHER'S NAME	MIDDLE	LAST	77.	15. MOTHER'S MAIDEN NA/	ME		LAS	T
H	George	Grantland		У	Virginia	Irene		Wolfe	2
	160. WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	55		
	No	(# 123, 3112 31111 311 311 311	219-20-4	109	Rhoda E. Eic	helberger			
	Conditions, if any, gave rise to improve (a), stoling underlying cause	DUE TO, C which rediote g the lost. (c)	RTERIOSCL RAS A CONSEQUEI BRONCHOPN OR AS A CONSEQUEI	NCE OF EUMON				5 - 7	MATE INTERVAL ONSET AND DEATH YEARS DAYS
		nificant conditions <u>c</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	JITION GIVER	V IN PART III	a
>	19g. DATE OF OPERA	TION 19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOK		WERE FINDING CAUSES	
7	OR CONTRIBUTING	CAUSE OF DEATH HOUR A	.m. month da .m.	Y YEAR	21c. HOW INJURY OCCUR				
	21d IN JURY OCCUR	(AT HOME, S	OF INJURY FREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceas	ed olive on DID NO	31 SEE_19_	AUG.	13 , 19 86 nd that in (my) (% r) opinion	death occurred on the do	ate and hour o		that (II XX) los causes stated
	22b. SIGHATURE	058	How	12	1	MEDICAL STAT	IAN 🗌		15, 198
	22d PHYSICIAN'S N	V. DITTO, 11	M D			VEST WASHING			
_				AME OF	HAG EF	1236 LOCATION	LAND Z	1740	
	23a. BURIAL, CREMATION, burial				aven Cemetery	Hagerstov	m. Was	sh. Ma	arvland
	Durrar	mug . I	, LOU INC	- II	a. J. Jone Colly		,	,	3

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached far use a with the State Dept. of Health IMPORTANT: If Item 21 is mor

Aug.16,1986 Rest Haven Cemetery Hagerstown, Wash., Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AUG 1 8 1986

24 FUNERAL DIRECTMENNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Maryland 21740

In principal principal

teu:

RRADY VIAT FRANCISCO PARTIES OF THE COMMENT OF THE

or the state of th

THE SOURCE AS THE IS

BELL 3 L dUA

- 1				STAT	E OF MARYLAND					
1	FOR - STATE		DEPART		EALTH AND MENTAL HYG	IENE 2	4 0 5	0		
1.		zel Rut	h	48H	ICATE OF DEATH	REG. N	0.			
	DECEASED NAME /	tast A /	wione	-71	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR		
177	may file	Cry	W	10	M	1-30- 80		19:50 AN		
3.5	4	L RACE A	1	S. DATE O		6. AGE (IN YEARS LAST BIR				
1	female	U	hite		27 1896 YEAR	90	YRS.	S HOURS MIN.		
28	BIRTHPLACE (STATE OR FO	20000	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH			
C Secret Land	laryland	U.S.		WIDOW	DIVORCED	Washingto		MD		
Dx"	CITY OR TOWN OF DEAT	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI		OF BUSINESS OR		
-	Boonsboro Me	i. Fahrne	y Keedy	Home	THE	Housewife				
	UAL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTION	130. CITY OR TO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 2	17/-/		
	Md.	Washington	Keedysv		YES NO		Main Street	106		
E) O III	FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
10	Jonas	T.	Jones		Marv	WIDDLE		Lopp		
S , 16a	WAS DECEASED EVER I		16b SOCIAL SEC		17. INFORMANT	ADDRE	SS	ворр		
9 /	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	211. 26	0306	Emporting C	addawl Ward		and Taxab		
2 / -			2,44-30	-0370	Ernestine G	Ordon-Leed	ysville, Ma			
É	PART I. DEATH WA	(Enter anly ane cause pe	r line for lay ib	1823	no sum	Jalin	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH		
6	IMMEDIATE CAUSE (a)									
0	DUE TO, OR AS A CONSEQUENCE OF TO THE CONSTRUCTION OF THE CONSTRUC									
2	gove rise to imm									
-	cause (a), stating underlying cause	last. DUE TO, C	DR AS A CONSEQU	JENCE OF						
6	DADY O OTHER CION	(c)_	CALIFORNIA IN TO TO	DE 1711 B117	1107 051 1750 70 7115 750					
Z		IFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	IIa-		
THCATION	19a DATE OF OPERAT	ON 19h CONF	DITION FOR WHICH	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGSTISED		
2	THE DATE OF OF CHARL	170 CON	THOUT OR WITHER	TOTERATIO	TO WASTERI ORMED		INCERTIFYING CAUS	ES OF DEATH?		
CE LOS	21g. ACCIDENT WAS UNDE	DIVING T 215 TIME	OF INJURY		121. HOW IN HIPV OCCUPE	YES NO	YES 🗌	ИО 🗌		
		110110 4	.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PART 2	2)		
d or Item	(IF EITHER, NOTIFY MEDIC		P.M.	19						
AED do	214 INJURY OCCURRE	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE.	FARM, ETC)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE		
D. Brita	AT WORK AT WORK	. []		2/	W- 01)				
E		this hospital) of ended	- 111		, 19	, ta		_, that (I) (we) last		
R.	sow the deceased abave. (1) (9) (di	d alive an di (did nat) view the bod	y after death.	, a	nd that in (my) (aur) apinian (death accurred an the de	ate and hour and from t	he couses stated		
2	226 SIGNATURE	1 11			DEGREE	1992212175 S200	1 Y 2	TE SIGNED		
-	W M.	such			PHYSICIAN [LORECTOR PHYSIC		1000		
47	724 BUSICIANS NA	of Smothers as	11		174 ADDRESS	11 alakala	pl Ruces	101.		
2/	GA-0	1970117491			286 Classo	0 614-140	a hand by	14/20		
230	BURIAL, CREMATION, R	EMOVAL 236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1 - 1	1-1		
	Burial	Septem	ber 2 19	86 Bo	onsboro Cemet	ery Boonsho	ro Washing	ton Md.		
24	FUNERAL DIRECTOR	1-05-00			25a DAT		256 REGISTRAR'S SIGN			
7/84	Bast Funeral	Home Boom	shoro. M	Rt.4	BOX / SET	4 1886	washing	Master of		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

.

orby year to take . A oro current

office account of the

Buffyers and read on the same of the same

Series of the series of the series

. IL modernia attachemic energia ottocapati diel i nedna cel

Prince Inches

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH TYPE OR PRINTI Thelma July 28, 1986 Marie GORDON 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH MONTH white female 1918 May 1. 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Washington O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12n USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE Hagerstown 1253 Crescent Road cook JSUAL RESIDENCE 130. STATE Washington 136.STREET ADDRESS / ZIP CODE 1253 CRESCENT Road Maryland Hagerstown 15. MOTHER'S MAIDEN NAME Bessie MIGGLE 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? No Clarence M. Gordon, Hagerstown, Maryland 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) PART I, DEATH WAS CAUSED BY: and ac trest IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate bre 1220 when RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEGICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. _, and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL

TO FUNERAL [
should be deta
with the State [230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY burial Hagerstown, Wash., Mary land July 24,1986 Cedar Lawn Mem. Park 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wilson Blvd., Hagerstown, Md. 21740 Reviden Pordace

PHYSICIAN

22e ADDRESS

DIRECTOR PHYSICIAN

STATE OF MARYLAND

26 HOUR

12b. KIND OF BUSINESS OR

Good

COUNTY

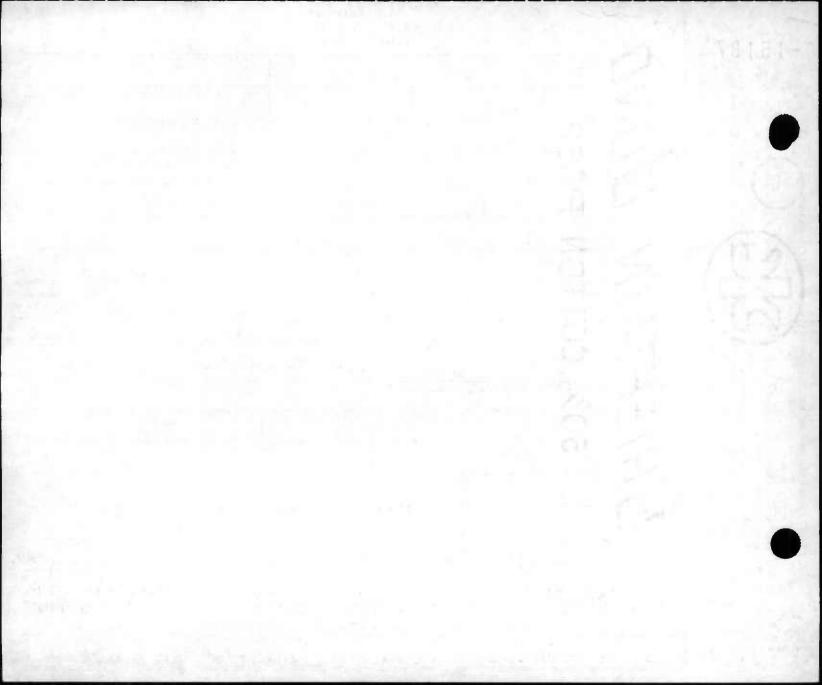
22c. DATE SIGNED

STATE

APPROXIMATE INTERVAL

21740

DHMH - 16 60M 7/B4 (VRA 15. 4)



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	e cog	J	0	2

					REG. N	0.	
	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	2b HOUR
		L.	HI	MES	August	10, 1981	6 88 4
							YEAR IF UNDER 14 HRS
participation of the second of				26 1925	1 0	YRS.	
COUNTRY)			MARRIEI	D NEVER MARRIED			TH
	- A						MD.
Milliamspor	+ 15	Liamso	OFT NUTS	. 8.1			ND OF BUSINESS OR STRY
MD	136 COUNTY	13c CITY	OR TOWN	13d. INSIDE CITY LIMITS?	3625 South	Mountain	4758 Rd.
JAMES	L.	М	YERS	15. MOTHER'S MAIDEN N M. FIRST	IRENE		GRÜBB
NO OR UNKNOWN)		ATESI		Brenda Swi	ger 3712 Po	Jefferse offenberge	on, MD r Řd.
PART I. DEATH W	AS CAUSED BY:	MARNI		DWITY Arres	+	AFTY BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
gave rise to imm cause (a), statin	which nediate g the DUE	(b) Card	io-myo	cardial In	farction_		
		ONS CONTRIBUTI			200: AUTOPSY?	DITION GIVEN IN PAI 20b. IF YES, WERE FIN CERTIFYING CAI YES	INDINGS USED
OR CONTRIBUTING	AUSE OF DEATH HO		ITH DAY YEAR	21c. HOW INJURY OCCU	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TORPAS	RT 2)
21d INJURY OCCURR	ED 21e F	LACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN COUNT	TY STATE
aw the decease	d alive an 7-31		_19.8L0an	d that in (my) (exc) apiniar	ta 8 - 10	19_86 ate and haur and fran	, that (1) (we) last in the causes stated
274 SIGNATURE	Rm	elent		ATTENDING	MEDICAL STA		DATE SIGNED
John R.	Melnick						
BURIAL, CREMATION, I					23d. LOCATION	COUNTY	STATE
			Jefferso				ck MD
				25a. DA		PH REGISTRAR'S SIC	MARKER
021 Opossu	mtown Pik	e, Frede	rick, MD	A	16 1 2 1980	70.00	
	EMALE IRTHPLACE (STATE OR F COUNTRY) MD ITY OR TOWN OF DEAL RESIDENCE (F NUMS ATHER'S NAME JAMES WAS DECEASED EVER NO 18 CAUSE OF DEATI PART I. DEATH W Conditions, if any, gove rise to imm cause oil, statin underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT 216. ACCIDENT WAS UND OR CONTRIBUTING CIPTURE OR CONTRIBUTING CIPTURE OR COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNT	IRTHPLACE (STATE OR FOREIGN AND AND ALL PESIDENCE IS NURSING HOME OR OTHER INST. ALL PESIDENCE IS NURSING HOME OR OTHER INST. IS CAUSE OF DEATH (IF YES, GVE WAR OR D. N. A.	THE COUNTRY) WHITE IRTHPLACE (STATE OR FOREIGN MD USA ITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G ITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G ITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G ITY OR TOWN OF DEATH IT NO ITY OR TOWN OF DEATH ITY OR OR UNKNOWN) ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR UNKNOWN ITY OR TOWN INSUCH FACILITY, OR OR ENDED ITY OR OR OR OR OR OR INSUCH FACILITY, OR	EMALE WHITE OP IRTHPLACE (STATE OR FOREIGN TO COUNTRY) IRTHPLACE (STATE OR FOREIGN TO COUNTRY) IRTHPLACE (STATE OR FOREIGN TO COUNTRY) IND ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISTORY OF TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISTORY OF TOWN III. NAME OF HOSPITAL, NURSING HOME OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISTORY OF TOWN III. NAME OF HOSPITAL, NURSING HOME OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISTORY OF TOWN III. NAME OF HOSPITAL, NURSING HOME OF TOWN KNOXVILLE MYERS III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) III. MYERS III. MYERS A CONSEQUENCE OF III. MYERS III.	HTMES ### ARACE WHITE WHITE WHITE WHOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WIDOWED ARREED IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WIDOWED ARREED IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WIDOWED ARREED IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WIDOWED ARREED IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WIDOWED ARREED IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT. NOT HOME OF HOSPITAL IN HIS HOLD HOME ARREED IT. NAME OF HOSPITAL IN HIS HOLD HOME WIDOWED ARREED IT. NAME OF HOSPITAL IN HIS HIS HOLD HOME IT. NOT TOWN OF HER HIS HIS HIS HIS HIS HIS HIS HIS HIS CITY LIMITS? YES OF HOME IT. INFORMANT IT. INFORMANT	EMALE WHITE DATE OF BIRTH OF TO A 1925 EMALE WHITE WHITE DATE OF BIRTH OF TO A 1925 BACE JATEOR OF WHAT COUNTRY? WHOWED WHOWED TO SHARE A SECONDARY WHOWED TO SHARE A SECONDARY WHOWED TO SHARE A SECONDARY WHO WE A SHARE A SECONDARY WHO WE A SHARE A SHAR	CEASED NAME Mark M

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

BP.

MPORTANT, If Nem 21 is

The Agriculture of the Architecture of the Architecture of with the large to be a second

	FOR	
-	STATE	
	REGISTRAR	

8 3 5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

50	3	9	6	- 1
2	Similar	13	0	53
EC NO	1			

was every account further

'	REGISTRAR				CERTIF	ICATE OF DEAT	TH O	REG. NO.		
(TYPE	CEASED NAME E OR PRINT)	3eH	4 :	51adys	: 140f	Fman	٠	8 2	9 86	26 HOUR 8:55, M
3. SE			RACE		5. DATE C		YEAR.		IF UNDER 1 YEAR	IF UNDER 2 HRS. HOURS MIN.
_	Female		White		Feb	. 2 ^{DAY} 19	24	62 YRS.		
1200	RTHPLACE (STATE OR F COUNTRY) Pennsylvani		76 CITIZEN OF		MARRIE	D NEVER MARE		9. BALTIMORE CITY <u>OR</u> COUNTY WASHINGTON	OF DEATH	MD.
10 C	Hagerstown		11. NAME OF I	HOSPITAL, NU thracility, give s gton Co	ORSING HOME (STREET ADDRESS) OUNTY HO	or OTHER INSTITUT	ION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Adv. Manager	INDUSTRY	handise
13a. S	AL RESIDENCE (IF NURS STATE ArylaND	13b COUN		13c. CITY OR Hagers	TOWN	136 INSIDE CITY L	IMITS?	13e STREET ADDRESS / ZIP CODE 104 E.Lincoln St	. 2174	10
14. FA	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MA	IDEN NA	WE	LAS	ST
	Robert		-		hing	Wyze	etta	_	Davi	
	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL S	SECURITY NO.	17. INFORMANT		ADDRESS		
L'	no		E WARON DAILS)	210-18	3-7784	Paul P.H	offm	an (item 13 abov	re)	
	18 CAUSE OF DEATH	H (Enter or	ly ane cause per	line for 10), (b	i, and tell	r		0.5	BETWEEN	CIMATE INTERVAL LONSET AND DEATH
CERTIFICATION	19a. DATE OF OPERAT	NIFICANT ((c)CONDITIONS <u>CC</u>		TO DEATH BUT	NOT RELATED TO			WERE FINDING CAUSES	NGS USED
CERTIFI	8/22		21b. TIME O		47		Y OCCURR			NO 🗌
¥	OR CONTRIBUTING		ALIE .	M. MONTH M.	DAY YEAR					
MEDICAL	21d INJURY OCCURE	ILE 🗍	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) saw the decease abave, (I) (we) (c	(this hospi	8/2	7	19 86 , 01		9	death accurred on the date and have		
	226. SIGNATURE	The	Culi	M	-	PHYS	NDING SICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢. DATE	SIGNED
	226. PHYSICIAN'S NA	· A	bdu	1124		22e ADDRESS	8	N. Potomac,	1/nge	stown
23a I	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial		Sep.2,	1986	Cedar L	awn Mem.P		Hagerstown Was		
	UNERAL DIRECTOR			ADDR	ESS			E REC'D. BY REGISTRAR 25b. REGISTI		
	Major M.Osl	borne	Willia	amsport	,MD 217	95	1 5	EP3 1986	1-100-1010000	- gundales

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked ar Hem 18 shows any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Hem 21 is marked at Hem 18 shaws ony injury, or other troumatic event, the medicol exam

3 9

pode 3

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL H	GIENE

2 4 U 6

	FOR STATE REGISTRAR	DEP		ICATE OF DEATH	GIENE 2 4	0 6 4	
1	I. DECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HO	
1	Clare	ence A.	Н	Imes	Aug.	8 1986 12:	40 a
4	1. SEX	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDE	R 24 HRS
1	Male	White	Jur		93 YR		MIN.
A	Ja. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH	
	Chestnut Grove,	Md. U.S.	A. WIDOWE		Washington_Co	ounty	MD.
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSIN	ESS OR
I	Boonsboro	Reeders Mem	orial Ho	ome	Farmer	Farming	
-	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU	INTY 13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Rfd. 1 Box 1	60 21756	
4	Maryland Wa	PITTIE COLL KEED	ysville	YES NO (A)		21130	
	Frederick	MIDDLE LAS	lmes	FIRST	WIDDLE	Mo ATT del	
+	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? IM SOCIAL	SECURITY NO.	17. INFORMANT	Rfd ^{ADDRESS} Box	Mc Allist	er
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 220-	10-3925	Gilbert Hol	mes, Keedysvill		5
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per line	and ic	4 0/1/	4. 500	APPROXIMATE INTE	
		ATE CAUSE (o)	ccy8/1/	5, Cholell	hiases, def 515		
	No. of the last	DUE TO, OR AS A CONS	SEQUENCE OF				
1	Conditions, if ony, which gove rise to immediate	(b)					
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO 1/4 TEM	NAL DISEASE OR CONDITION	GIVEN IN ARTHO	7
1		vein den to	- CVA	sensherel	15 chemia ren		eus
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO	A y AS PERFORMED	200 AUTOPSY? 206. IF	YES, WE'VE FINDINGS USE	D
	ZIE				YES NO	YES NO	
No.			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)	
/	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19				
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, O	FFICE, FARM, ETC)	THE LOCATION	CITY OR 10WN	COUNTY	STATE
	AT WORK THE AT WORK THE	- Mark		9	7-		
â	saw the deceased plive o	pital attended the pochage		ad that in (my) (our) opinion	death occurred on the date and I	, 19, that (1)	
	obove, (fi (wei (dipla) did n	ot) viewihe body after death.		DEGREE	dediti decorred dir tite date dita i	22c, DATE 530 NED	1
	X	K	n	ATTENDING PHYSICIAN	MEDICAL STAFF	8/1/	8
۲	22d. PHYSICIAN'S NAME (TYPE	Carpan	- 1	220 ADDRESS	DIRECTOR PHYSICIAN	0/0/	0-
	R.L. Kugler	MD		100 Geeting 1	Ln. Keedysville	Md. /	
	230. BURIAL, CREMATION, REMOVA		62 10 1 10	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	8-11-86	Samples	Manor Cemete	ery Samples Mar		o., Mo
	John Bast, J.	r. Boonsboro	RESS TALL	25a. DA	4 4 11 //	ISTRAR'S SIGNATURE	lie .
	Join n. Bast, J.	. Doonsboro	, Md. 2	21713 AL	16.11 1986 Julia		

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

The state of the s Family Frincipi czyse Gorace I.lb Z <u>raę</u>goises noemanne brolyw 1 220-10- 925 Gilbert Holmes. esty: ille, M. 21755

Come H. Boss. of. Booksboro. H. 2777 L. Come H. Boss.

b-11-03 Raples Anner Centrery Chap're Andr. Mel. Co., M.

1 - STATE

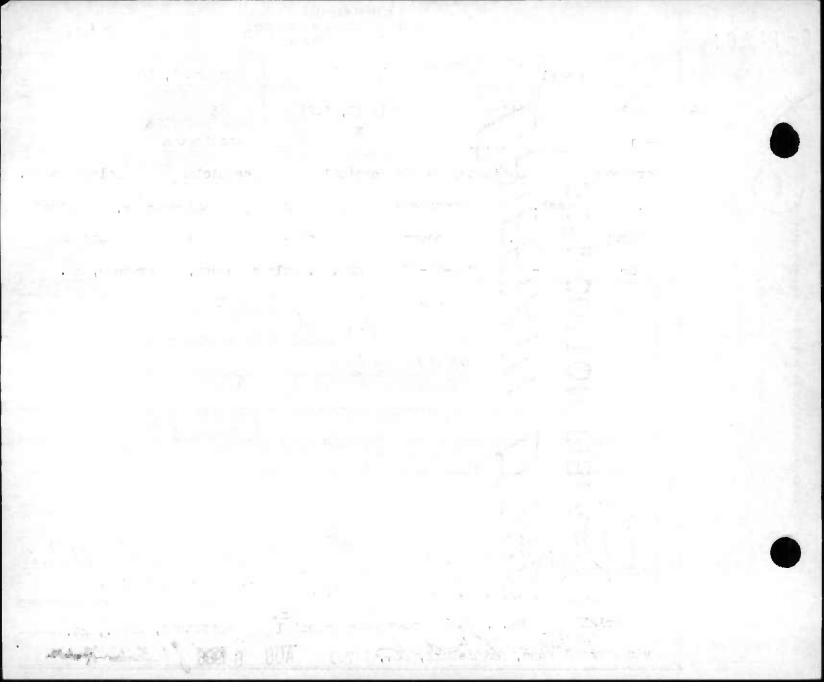
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	4 8	0	fra.	3
1	divil)	4.3	0	4.3
6 -	4	100	-	
	1.7			

REGISTRAR			CENTIL	CAIL OF DEATH	REG. N	0.		
I. DECEASED NAME	Fiest	Module	an	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HO	OUR
(THE OWNERS)	Marvir	1	I	HOOVER	August	1, 1986		
3. SEX	T	4. RACE	S. DAIE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDE		DER 24 HR
/ Male		White	July	17, 1921	65	YRS.	DAYS HOUR	15 MIN
74. BIRTHPLACE 157 a	OR FOREIGN	Th CITIZEN OF WHAT COUNT	TRYP 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	
Maryland		U.S.A.	WIDOWE		Washingt	on		A
IL CITY OF TOWN OF	DEATH	11. NAME OF HOSPITAL, NU	TOPET ADDRESS)		128. USUAL OCCUPAT		KIND OF BUSI	INESS C
Hagerstown		Washington Co	ounty Ho	spital	Technician	Te	elephon	e Co
DSUAL RESIDENCE (* 134 STATE Md	Hash		TOWN	13d. INSIDE CITY LIMITS?	306 Robin		21	740
HATTY	. 6	HIDDU LAST HOO	ver	15. MOTHER'S MAIDEN NAM	MIDDLE MAR	Ŧ	Harshma	n
180 WAS DECEASED I	VER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDR		102.011110	
(18) HO OF LINKNOW	I I MET COM	219-14		Mrs. H. Arle	ne Hoover,		APPROXIMATE IN BETWEEN ONSET A	
PART 2 OTHER PART 2 OTHER If DATE OF OR The ACCOUNT W	toting the puse lost.	DUE TO, OR AS A CONSTITUTION ON O	TO DEATH BUT		INAL DISEASE OR CON	206. IF YES, WERE	E FINDINGS US	
RTIFE		THE OS WILLIAM		To your blank occurre	YES NO	YES 🗀	NO	
S OR CONTRBUTING	CAUSE OF DEA	P.M.	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR	PART 2)	
ALL INSURA OC	STREET POLICE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OF TO	OWN CO	UNTY	STATE
say the de	270. I certify that (1) (this hospital) attended the deceased from							
276. SCHATUR	NUO	1/En m)	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI	FF	R. DATE SIGNE	1 h
224. PHYSICIAN	DI	UOO(TEN	100	(P25 HOU	ucl no	140616.	m-s	
23s BURIAL CREMAT	ON, REMOVAL	Aug. 4, 1996		emetery or crematory awn Memorial	23d LOCATION CITY OF TOWN Hagerste	own. Wash		STATE
Davis Fur	Cral Ho	Me, Mitasour	no	21783 AUG	REC'D BY REGISTRAN	256. REGISTRAR'S	SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING and ined by the hospital or TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and callodid be detached for use as the build-transit permit. Then please remove carbonopates. Pages with the Sidat Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the haspital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the shall be ideached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be filed with the shate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPDRTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical

64

may be

30

director, page 3

	STATE OF MARY
FOR	DEDADTMENT OF UCALTU AND

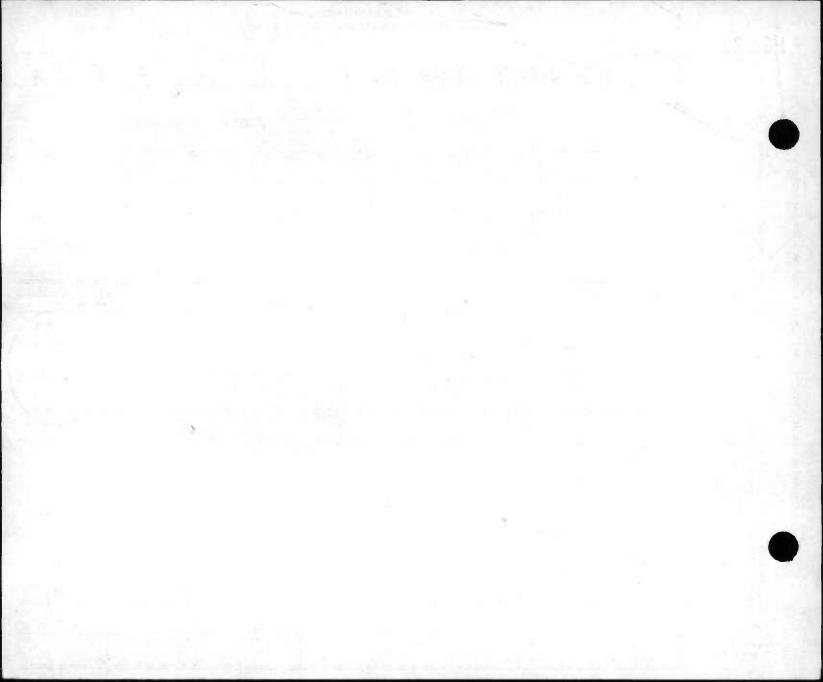
AND

2	4	1)	6	0
\$102.46				

1.	STATE REGISTRAR				TEALTH AND MENTAL	L HYGIEI	NE 2 4	1) 6	0
	CEASED NAME FIRST	RINE	FLORA	HL) FF	2	Aug 25	5, 198	26. HOUR 930 AM
2.5E		4 RACE		. DATE C	OF BIRTH		. AGE (IN YEARS LAST BIR HOAY)	MONTHS DA	
	female	white			25, 1905		81 YRS.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9	BALTIMORE CITY OR COUNT		
	Maryland	US.	A	WIDOWE	ED DIVORCED		Washington	n	MD.
	Hagerstown	11. NAME OF (IF NOT IN SUC Rout	HOSPITAL, NURSING THE FACILITY, GIVE STREET ADI E 5	HOME (OR OTHER INSTITUTION	- (20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SEAMSTRESS		D OF BUSINESS OR
₩5U 13e. :	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMIT	TS? 113	3e. STREET ADDRESS		
		ington	Hagerstow	m	YES NO X		Rt. 5, Box	345	21740
14 F/	ATHER'S NAME FIRST Ralph S.	MIDDLE	Shank		15. MOTHER'S MAIDEN		MIDDLE	T.e	iter
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRESS		1001
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	173-03-19	67	John F. H	uff.	Jr., Hagersto	wn, Md	
	18 CAUSE OF DEATH (Enter or	nly ane cause per					011, 100,000	APPI	ROXIMATE INTERVAL EEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	Multi	ple	Myel	om	2	4	mo.
	111111111111111111111111111111111111111		R AS A CONSEQUEN	CE OF					
	Canditians, if any, which	(b)_	K AS A CONSEGUEN	CL 01					
	gave rise to immediate cause (a), stating the)	R AS A CONSEQUEN	CE OF					
	underlying cause last.	(c)							
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO DE	<u>ATH</u> BUT	NOT RELATED TO THE	TERMIN	al disease or condition g	IVEN IN PART	[](a)
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OI	PERATIO	N WAS PERFORMED		IN CERT		DINGS USED SES OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING			VEAR	21c. HOW INJURY OC	CCURREC	ENTER NATURE OF INJURY IN ITEM 18		
	OR CONTRIBUTING CAUSE OF DE.	Ain	M. MONTH DAY M.	YEAR 19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION STREET	-	CITY OR TOWN	COUNTY	STATE
¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FARA	M, ETC.)	SIREEI		CITORIOWA	000,411	SIAIC
	220.1 certify that (1) (this hasp	/ 652		1-	10 ,196	(2)	, to 8 -23	. 19 86	_, that (I) (we) lost
	saw the deceased alive on obave, (1) (per Jaid) (did no	1 6	after death.	, or	nd that in (my) (ear) opi	inion dec	ath occurred an the date and ho	our and from	the couses stated
	27b. SIGNATURE	ren	an ,	M	DEGREE ATTENDIN PHYSICIA	NG AN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DA	ATE SIGNED
1	224. PHYSICIAN'S NAME HYPE	OR PRINT)			22e ADDRESS	/ /	· h //		
230	Charles K.		cer 122, NA	ME OF C	1198 KE	zale	ALL Hage	HILDW	n Md
230.	GPECIFY) burial	Aug. 28			ourg Cemete:		Smithsburg, W	ash.,	Maryland
24. F	UNERAL DIRECTOR MINN	CH FUNE	RAL HOME			DATE R	REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGN	VATURE
	415 E. Wilson H	31vd., H	agerstown,	Md.	21740	AU	6 2 7 1986	United to	grand States

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



LAND 2 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARK

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL SGIENS

CEPTIFICATE OF DEATH

24067

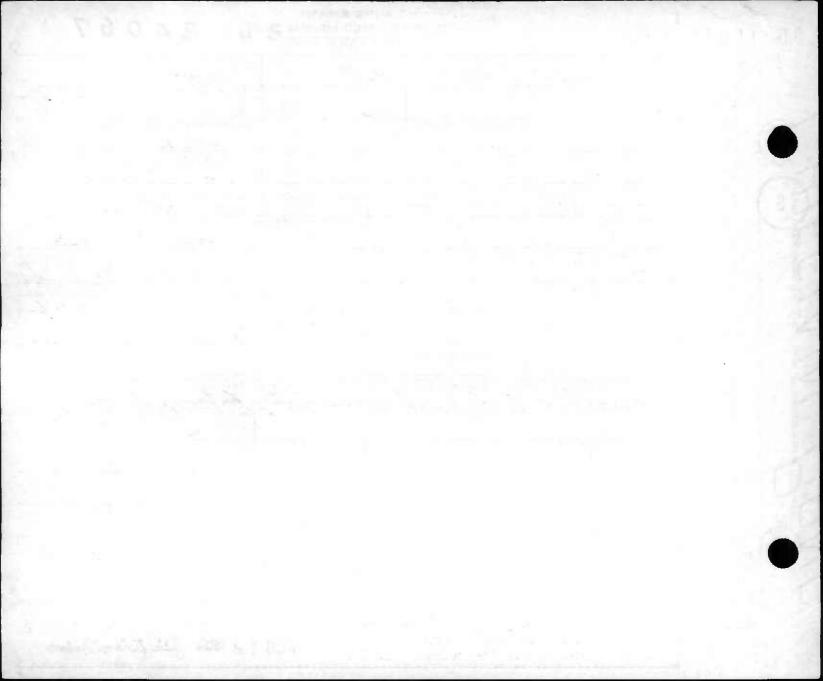
	REGISTRAR							_
	CEASED NAME	FIRST	WIDDLE	(LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	50M	uel, (tho	Ho	1/	August 6,	1986	
3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
m	nale	whit	e		nst 18, 1887	98 YR		S HOURS A
	SIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN	OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COU		
	Maryland	US	SA	WIDOWE		Washington	n	
10. C	ITY OR TOWN OF DEAT		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	124 USUAL OCCUPATION	12b. KIND	OF BUSINESS
H	Hagerstown		ington Cou		lospital	engineer .	util	
	STATE	G HOME OF OTHER INSTITUT	ON GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE	
		Washington			YES NO	2108 Virginia		21740
14. F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA			AST
	Otho	S.	Hu11		Anna	Marie		louck
	WAS DECEASED EVER IN			JRITY NO.	17. INFORMANT	ADDRESS		
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE:	214-10-4	4035	Theodore S.	Hull, Hagerston	wn, Md.	
	18 CAUSE OF DEATH	(Enter only one couse	per line for (a) (b) an	d (c)				DXIMATE INTERVA
	18 CAUSE OF DEATH PART I. DEATH WA			7	- 16 . f 4		DE TWEE	- Lace
	Conditions, if ony, or gove rise to imme couse (a), stating underlying couse	which diote the lost.	OR AS A CONSEQUE	ENCE OF	hosti per	A Dielace	CIVEN IN CART	eary_
IFICATION	Conditions, if ony, or gove rise to imme couse (a), stating underlying couse	which diote the lost. (c)	OR AS A CONSEQUE	ENCE OF DEATH BUT	ie o'Asterotio	JUNAL DISEASE OR CONDITION 200 AUTOPSY? 200 LIFE IN CE	FYES, WERE FINE	DINGS USED
A CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stating underlying couse PART 2 OTHER SIGNII LEGISLE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA	DUE TO which diote the DUE TO lost. (c) FICATINI CONDITIONS ON 19b CO REVING 12b TIME USE OF DEATH HOUR	OR AS A CONSEOUR OR AS A CONSEOUR CONTRIBUTING TO I	DEATH-BUT	in WAS PERFORMED	JIMAL DISEASE OR CONDITION 200 AUTOPSY? 7206. IF	FYES, WERE FINE ERTIFYING CAUS YES	DINGS USED ES OF DEATH?
	Conditions, if any, or gove rise to imme couse (o), stating underlying couse PART 2 OTHER SIGNII PART 2 OTHER SIGNII 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	DUE TO which diote the lost. (c) FICANT CONDITIONS ON 19b CO RIVING 19b CO RIVING HOUR USE OF DEATH LEXAMINER)	OR AS A CONSEOUR OR AS A CONSEOUR CONTRIBUTING TO I	DEATH-BUT	IN WAS PERFORMED 216 HOW INJURY OCCURI	200 AUTOPSY? 200. IF	FYES, WERE FINE ERTIFYING CAUS YES	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stating underlying couse PART 2 OTHER SIGNII LEGISLE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA	which diote the lost. (c) EIGANT CONDITIONS ON 196 CO REYING 216, TIME HOUR LEXAMINER) 216 PLA LATHOME	OR AS A CONSEOUR OR AS A CONSEOUR CONTRIBUTING TO I	DEATH-BUT OPERATIO AY YEAR 19	in WAS PERFORMED	200 AUTOPSY? 200. IF	FYES, WERE FINE ERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
	Conditions, if only, gove rise to imme couse (o), stating underlying couse PART 2 OTHER SIGNII PART 2 OTHER SIGNII 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHEY MEDICA 21d. INJURY OCCURRE AT WORK AT WORK 220.1 certify that (1) (4)	DUE TO which diote the lost. CO ELECTRIC CONDITIONS PARTYING DN 19b CO REVING USE OF DEATH HOUR LEXAMINER) D 21e PLA 1AT HOME LAT HOME	OR AS A CONSEOUR OR AS A CONSEOUR OR AS A CONSEOUR CONTRIBUTING TO I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURI	200 AUTOPSY? 200 IN CE YES NOT NOT NOT THE MEDICAL CONTRACTOR OF INJURY IN (IEM	FYES, WERE FINE ERTIFYING CAUS YES () A 18 PART 1 OR PART 7	DINGS USED ES OF DEATH? NO []
	Conditions, if only, gove rise to imme couse (o), stating underlying couse PART 2 OTHER SIGNII PART 2 OTHER SIGNII 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHEY MEDICA 21d. INJURY OCCURRE AT WORK AT WORK 220.1 certify that (1) (4)	DUE TO which diote the lost. (c) EICANT CONDITIONS DN 19b CO RIVING 21b, TIM HOUR LEXAMINER) D 21e PLA LATHOME	OR AS A CONSEOUR OR AS A CONSEOUR OR AS A CONSEOUR CONTRIBUTING TO I	DEATH BUT DEATH BUT DEATH BUT AY YEAR 19 FARM.ETC)	216 HOW INJURY OCCURI	VINAL DISEASE OR CONDITION 200 AUTOPSY? 100 IN CE YES NO NO IN CE RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	COUNTY COUNTY LOG On the first of the firs	DINGS USED ES OF DEATH? NO
	Conditions, if any, of the couse (o), stating underlying couse PART 2 OTHER SIGNII PART 2 O	DUE TO which diote the DUE TO lost. (c) FICKINT CONDITIONS REVING 19b CO REVING	OR AS A CONSEOUR OR AS A CONSEOUR CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING	DEATH BUT DEATH BUT DEATH BUT AY YEAR 19 FARM.ETC)	21c HOW INJURY OCCURI	200 AUTOPSY? 200 IF IN CE YES NO PRINCE OF INJURY IN ITEM CITY OR TOWN TO Gentler Nature of Injury In Item CITY OR TOWN MEDICAL STAFF	COUNTY COUNTY LOG On the first of the firs	STAT
MEDICAL	Conditions, if any, of the couse (a), stating underlying couse PART 2 OTHER SIGNII PART 2 OTHER SIGNII 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased obove, (1) (methods 22b. SIGNATURE	DUE TO which diote the lost. CONDITIONS REVING 19b CO REVING 21b TIM HOUR LEXAMINER) D 21e PLA (AT HOME AE (TYPE OR PRINT)	OR AS A CONSEOUR OR AS A CONSEOUR OR AS A CONSEOUR CONTRIBUTING TO I CONTRIBUTING TO	DEATH-BUT LIPE LOPERATIO AY YEAR 19 FARM.EIC)	21c HOW INJURY OCCURION 21l LOCATION STREET 19 nd that in (my) (seer) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF IN CE YES NO PRINCE OF INJURY IN ITEM CITY OR TOWN TO Gentler Nature of Injury In Item CITY OR TOWN MEDICAL STAFF	COUNTY COUNTY LOG On the first of the firs	DINGS USED ES OF DEATH? NO 1

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital or

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 2 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND

Sonot Total Victor Jones

or airl, al amou

.A.E.U Deal

and tool . . . deto sa livered and the control of t

Library Santa III

Hacerston, Hd. . Stell -1967 tade in a south and the later the later the later and later the later and later an

Suff Z do man talker talker talend

AND THE RESERVE AND THE PARTY OF THE PARTY O

Bi delegation averaged marking and deligate 81-11-1

A.v. Corn an I dues al long Inc.

	PE OR PRINT) GEORGE	DEWEY	ĶAETZEL	20 DATE
1.6	George		Kaetze	31
3. SI	EX	RACE	5. DATE OF BIRTH MONTH DAY	6. AGE (I
=	Male			00
70 8	BIRTHPLACE (STAYE OR FOREIGN 76 COUNTRY)	. CITIZEN OF WHAT COUNTRY?	MARRIED - NEVER	MARRIED X 9. BALTIN
	ennsylvania	U.S.A.		ONORCED Wa
10.0	CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		STITUTION 12a USUA
		Washington Co	ounty Hosp	<u>ital Fa</u>
13a.	UAL RÉSIDENCE (IF NURSING HOME OR OT STATE 13b COUNT)	Y 13c. CITY OR TOW		CITY LIMITS? 13e.STREE
Ma		ington Hagers		NOX□ Rou
2 14.7	FATHER'S NAME	DDLE LAST	15. MOTHER	S MAIDEN NAME
1	Charles Edwa	ard Kaetzel	F	'annie Mae
	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORM	ANT
	No	- 217-28-1	1175 Lilli	an D. Bing
NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEQU (c) NOTITIONS CONTRIBUTING TO	ence of	D TO THE TERMINAL DISE.
7 IS	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	
CAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D		NJURY OCCURRED (ENTER
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCAT STREE	
	220.1 certify that (I) (this haspital) ottended the deceosed from_		, 19, to
	sow the deceased alive an obove, (1) (we) (did) (did not)	view the body after death.	, and that in (my	(our) opinion deoth occur
	22b. SIGNATURE	1	DEGREE	
				ATTENIONIO MEDICI
	May E.M	(over n		ATTENDING MEDIC

23b. DATE

8-5-86

Thompson Funeral Home, The Spring, Md.

Iten # 2a, Film 6 62 0 10/22/86 ra

- STATE

REGISTRAR

11000

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

Broadfording Cemetery

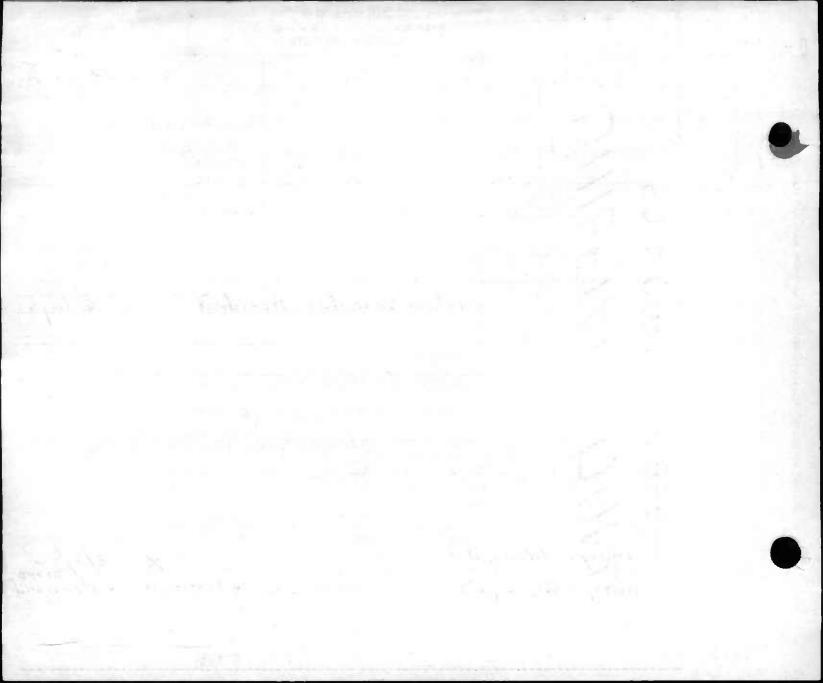
REG. NO DATE OF DEATH MONTH 2b. HOUR 8 GE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR ALTIMORE CITY OR COUNTY OF DEATH Washington County 12b. KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE) Farmer STREET ADDRESS / ZIP CODE loute# MIDDLE Hershberger ADDRESS Route Hancock DISEASE OR CONDITION GIVEN IN PART 110 00 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19_____, that (1) (we) lost occurred on the date and hour and from the causes stated STAFF 23d. LOCATION Hagerstown, Washington, Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR



07:84

DHMH - 17 (VR A15 ME (5))

EXAMINER'S NAME DWARD W. DITTO 111

230 BURIAL CREMATION REMOVAL 23b, DATE

Mt. Zion U. Methodist Cemt Myersville, MD 21773

236 NAME OF CEMETERY OR CREMATORY

236. LOCATION

in Davidson-Randale

W. WASHINGTON STREET, HAGERSTOWN MD.

Myersville Frederick Maryland

3307 1-0

AHA S

Tien

1011 | 1 - 1 A

F. E04 W.

MAZIN TOO TO TO TO THE TOTAL STATE OF THE ST

ANALY YEAR BEARDED TRAFF CITURELESCIPETON LICEASES

TOTAL SIN DIRECTO STUTDAYS JATITACINE

EIRENTHORNOCKS IN NOTHERN AND INCENTION OF EXCOMPOSITIONS

EFER ADER AND THE REPORT OF THE DECEMBER AT TARBUSH PARTY AND THE PARTY

SCHOOL STREET

DM. -MOTEL SPAN, TRIVEL KOTOMIHEAR VILLE SERVICE DE LA , INTOTTIMA CHAPRE

Mary Katherine KING 1. SEX SEX Female Lead Lead	5 3	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL ICATE OF DEATH	HYGIE	NE 6	2 REG. NO.	4	0 7	
August 8, 1986 Augu			OP BOILTI						2					2b. HOUR
Female white October 20, 1904 a AGE (NATAR ASSESSED FOR THE PROPERTY OF WHAT COUNTRY? BARTHPLACE (STATE OR POPERATE OR POPERAT			M	lary	Ka	therine	KI	NG		A	ugust	8, 1	986	10:00 A. M
Female white October 20, 1904 81 vs. Pastinglace (state of policy) 15 cilizen of what Country? Maryland U.S.A. Wooden and the properties of the state of the st		3. SEX							6	AGE (IN YE	ARS LAST BIRTHD			IF UNDER 24 HRS HOURS MIN.
Maryland U.S.A. Maryland U.S.A. Mode of Hospital Nussing Home of Differential Number of Hospital Num	1		female		whit	e	Octo	ber 20, 190						ACONS IMM.
Maryland 10. CITY OR TOWN OF DEATH Hagerstown 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. UNDATE OF MORE OF MORE OR OTHER INSTITUTION 13. STREET ADDRESS / ZIP CODE 21740	50	0	OLINTRYI	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAARRIE	NEVER MARRIED	9	BALTIMOR	E CITY OR	COUNTY	OF DEATH	
Hagerstown Route 10 Trovinger Mill Road Rousewife Nousewife Nousewif	3	Ma	ryland				WIDOWE	DIVORCED						MD.
Hagerstown Bould 10 Trovinger Mill Road	300	10 CI	Y OR TOWN OF DE	ATH				ROTHER INSTITUTION						F BUSINESS OR
Maryland Washington Hagerstown YES NO X Route 10, Box 79 Trovings Route 10, Box 79 Trovings Name Newton Series 1885 NAME Newton Gaines Ada Manning Ada Manning Newton Series 1885 Nocial Security No. 13 Informant ADDRESS Ada Manning Newton Series 1885 Nocial Security No. 17 Informant ADDRESS Name Newton Series 1885 Nocial Security No. 18 Informant ADDRESS Name Newton Naryl: Name Name Name Name Name Name Name Name	المؤ				Route	10 Trovin	ger M	ill Road				OHNIHO EILE	INDUSTRI	
Maryland Washington Hagerstown 14. FATHER'S NAME	200	USUA 13a S	L RESIDENCE I F NUR	SING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	ADMISSION)	134 INSIDE CITY HAIT	TS2 11	3. STREET A	DDPESS / 7	IP CODE	217	40
Newton Seates Newton Gaines Ada Manning 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WEST ADDRESS Mrs. Wanda Mertz, Hagerstown, Maryl. 18. CAUSE OF DEATH Enter only one couse performance. Conditions, if ony, which gove rise to immediate couse (p), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED The ACCORDINATING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR THE PART ADDRESS Mrs. Wanda Mertz, Hagerstown, Maryl. APPROXIMATE ADDRESS Mrs. Wanda Mertz, Hagerstown, Maryl.	E									Route	10, B	5x 79	Trovi	nger Mil
Newton Gaines Ada Manning 186. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAS OR DATES) 820-02-4477 Mrs. Wanda Mertz, Hagerstown, Mary Live PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, with the underlying couse lost, storing the underlying couse lost. (C) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (C) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 The ACCIDENT WAS UNDERLYING TO THE PROPERTY OF THE PART OF PULLY TO CONTRIBUTION CAUSES OF P. M. CONTRIBUTION CAUS	a muli	14. FA	THER'S NAME		MIDDLE	LAST			N NAME		MIDDLE			Rd.
WITCH SOME WAS CAUSED BY. IN PART 1. DEATH WAS CAUSED BY. INMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF WITCH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTH	190		Newton			Gaines		Ada			WIDDLE		Mannin	g
The Date of Operation The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation was performed The Date of Operation The Condition for Which Operation The Date of Operation The Condition for Which Operation The Date of Operation The Condition for Which Operation The Date of The Dat	00/					16b SOCIAL SECU	IRITY NO.	17 INFORMANT			ADDRESS			
THE DATE OF OPERATION SECURITION THE CONDITION FOR WHICH OPERATION WAS PERFORMED THE CHILDREN OF THE PROPERTY OF COURSE OF THE CHILDREN OF THE OF THE CHIL	med	(4	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	820-02-4	477	Mrs. Wan	nda l	Mertz,	Hagen	stow	m, Mar	yland
The accident was understrond 1% Condition for which operation was performed 20% autopsy? 10% if yes, were findings in certaining causes of displaying 10% of continuing 10% of c	y, ar other tro		gove rise to im couse (a), stati underlying coust	mediate ng the e last.	((c)_			Omernal a	J'T	AL DISEASE	OR CONDIT	ION GIVE	N IN PART 1:	0
The place of injury of the place of the plac	2 = 2	O N												
De Contribute C CAIS OF DIATH IN SURPLY OCCURRED THE INJURY OCCURRED THE PLACE OF INJURY		TIFICAT	19a DATE OF OPERA	TION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED				CERTIFY	ING CAUSES	
The INJURY OCCURRED The INJURY OCCURRED The PLACE OF INJURY The Good State of the County The Injury The Injury	18 sh		OR CONTRIBUTING	CAUSE OF DIV	ATH HOUR A	M. MONTH D		21r HOW INJURY OC	CURRE) (switteness	INTERPRETATION OF	र होई भरे हैं है जे ह	arright satisf	
72± I certify that (I) this hospital) attended the deceased from 19 to 10 19 that sow the deceased of 70 in 19 that sow the deceased of 70 in 19 to 10 in 19	or He	DIG			The PLACE	OF INJURY					-0110-200-2-2		8.45.5	
22x I certify that (i) this hospital attended the deceased from 19 and that in (iii) bur) opinion death accurred on the date and hour and fractific darks above, it is 100 fold (but not) wew the body ofter death. DEGREE 12x SIGNATURE 12x DATESION ATTENDING MIDICAL STAFF	ked	W	WHILE OF NOTIN	mid 🔲	(AT HOME, ST	HET FACTORS, OFFICE, I	WRM, ETC.)	519687			A CHICAN		COUNTY	57478
= / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / /	n 21 is marl		22s I certify that a saw the claces above.	Ithis house	nu	m 28 19	86	ed that in (my) (bur) opin	inion dei	to	Aug (and hour	ond from the	that (i) (we) last lavies stated
Robert Brull MD 1459 Patomas A. Harris			()	ole .	107	rull	1	PHYSICIA	NG NG	MUDICAL RECTOR [STAFF PHYSICIAL	٧٠	8/	1/86
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION	MPORT		Rober	L P	hull	MD		1459 F			que f	tage	rshur	umD

DHMH - 16 60M 7/B4 (VRA 15, 4)

73a. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Maryland 21740

23c. NAME OF CEMETERY OR CREMATORY

Aug. 11, 1986 Cedar Lawn Mem. Park Hagerstown, Wash., Maryland AUG 1 3 1986

director, page 3

may be

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYCIENE

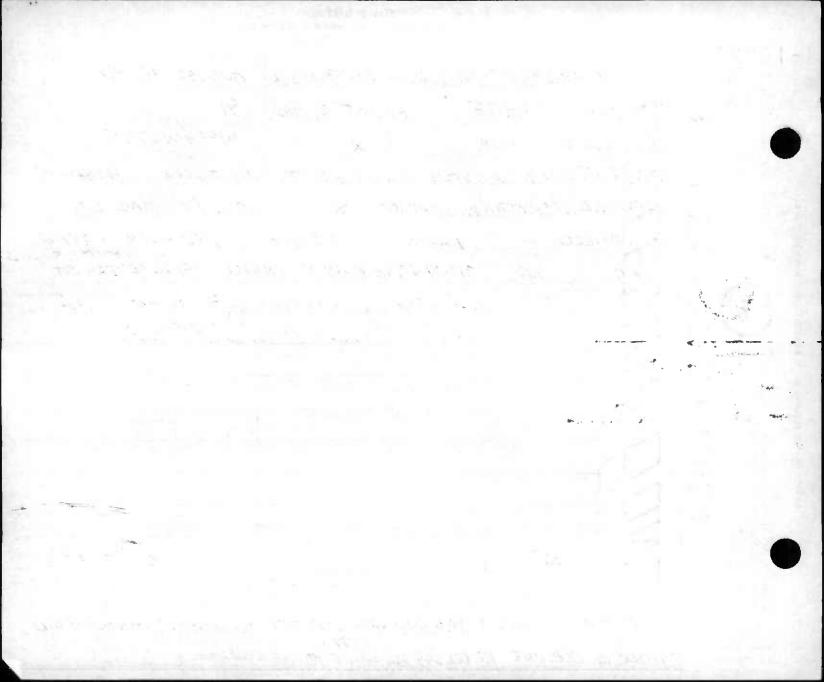
'-	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST OR PRINT) MARGA	RET VIRCINI	IA KRETSINGE	44	MONTH DAY YEAR	2b. HOUR
3. SEX		RACE 5	5. DATE OF BIRTH MONTH DAY AUGUST 2, 190.	6. AGE (IN YEARS LAST BIR		IF UNDER 24
7a Bil	RTHPLACE (STATE OR FOREIGN 76. COUNTRY) MARYLAND	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	OR COUNTY OF DEATH	
10. CI		NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSE WO	OF WORKING LIFE) INDUSTRY	EWIFE
13a. S	JATE . 113b. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE AD 134. CITY OR TOWN WILLIAMS	■13d INSIDE CITY LIMITS		ZIP CODE TOMAC S	2.179
A	BRIER FIELD -	DOLE LAST PAYNE	15. MOTHER'S MAIDEN E CECELI	A ARD	INGER PA	YNG
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (1F YES, GIVE W				N. ARTIZAN	
	18 CAUSE OF DEATH (Enter only part I. DEATH WAS CAUSED E		1-1	in with		GALLES
			/	MINTERE	- C	
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (b)	Treatment In	temporal a	ritestes	
TION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN (c) NOTIONS CONTRIBUTING TO DE.	Treat ment de			
TIFICATION	gove rise to immediate cause (a), stating the underlying couse lost.	(b) SHIETA DUE TO, OR AS A CONSEQUEN (c)	Treat ment de	ERMINAL DISEASE OR CON 200 AUTOPSY? YES NO	DITION GIVEN IN PART 1: 20b. IF YES, WERE FINDI IN CETTIFYING CAUSES YES YES	NGS USED
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN (c) NOTIONS CONTRIBUTING TO DE. 196 CONDITION FOR WHICH OF	Treat rest In	200 AUTÓPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUEN (c) NOITIONS CONTRIBUTING TO DE. 196 CONDITION FOR WHICH OF THE CONDITION	Treat print Jr ICE OF ATH BUT NOT RELATED TO THE T PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCC	200 AUTÓPSY2 YES NO	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES THE INTERNITY OF PART 2)	NGS USED 5 OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	DUE TO, OR AS A CONSEQUEN (c) NDITIONS CONTRIBUTING TO DE. 19b. CONDITION FOR WHICH OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM) attended the deceased from 19	Treat print Jr ICE OF ATH BUT NOT RELATED TO THE T PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCC	200 AUTOPSY2 YES NO CURRED (ENTER NATURE OF INJU CITY OR TO	20b IF YES, WERE FINDS IN CERTIFYING CAUSES YES TO THE TERM 18 PART 1 OR PART 2) WWN COUNTY 19 ate and hour and from the	NGS USED OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. IN JURY OCCURRED WHILE AUGORE OF THE COUNTY OF THE COUN	DUE TO, OR AS A CONSEQUEN (c) NDITIONS CONTRIBUTING TO DE. 19b. CONDITION FOR WHICH OF THE CONDITION FOR THE CONDITION OF THE CONDITIO	TREAT PRICE TO THE TO T	200 AUTOPSY2 YES NO CURRED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WERE FINDIN CERTIFYING CAUSES YES RY IN ITEM 18 PART 1 OR PART 2) DWN COUNTY 22c. DATE FF	NGS USED OF DEATH? NO STATE that (I) (we) causes stated
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital sow the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above, (1) (we) (did) (did not) was a couse of the deceased alive an above of the deceased alive a	DUE TO, OR AS A CONSEQUEN (c) NDITIONS CONTRIBUTING TO DE. 19b. CONDITION FOR WHICH OF THE CONDITION FOR THE CONDITION OF THE CONDITIO	TREAT PLEATED TO THE TO	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, WERE FINDIN CERTIFYING CAUSES YES RY IN ITEM 18 PART 1 OR PART 2) DWN COUNTY 22c. DATE FF	NGS USED OF DEATH? NO STATE that (I) (we) causes stated

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

MASOR M. OSBORNE P.O. BOX 348 WILLIAMS PORT, MO



1.6		FOR STATE REGISTRAR		AENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	40	7 3
* DE		EASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONT	H DAY	YEAR 2b. HOUR
poge r dea	3. SEX	FREDERIC	Luther A	5. DATE C	of Birth	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	1 YEAR IF UNDER 24 HRS
se 4 m	,	m	Com	MONTH		7 7		DAYS HOURS MIN.
The Post	7a. BI	CHPLACE (STATE OR FOREIGN A)	CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY OR CO		TH
dear and		454	usA	WIDOWE	D DIVORCED	Washin	1/20	MD.
and the field	1	surstan	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	To Hon	(TYPE OF WORK FOR MOST OF WOR Metal Worker	KING LIFE) INDU	(IND OF BUSINESS OR JSTRY
24 hou euld be	U5U/ 13a. S	LESS DENCE HE NURSING HOME OR OT TATE 136 COUNTY	HER INSTITUTION, GIVE BEFORE 13c. CITY, OR TOW 15 4 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP		Hue 2/74
1 15 1011	ft. FA	THER'S NAME	DDLE LAST		15. MOTHER'S MAIDEN NAM	The state of the s	0	LAST
1		Alvey	. Leather		Golden	Blanche		Gray
Poges,		VAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN)			Mrs. Mabel R	-Mumma, Shar	psburg,	Md. 21782
uives that the death certifical igned by the attending physical period of the period o	z	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) Alagoria DUE TO, OR AS A CONSEQUE (c) CALL	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC		APPROXIMATE INTERVAL JWEEN ONSET AND DEATH
ns has been been permit. The prior in	IFICATION	1% DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
2 4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b MME OF INJURY HOUR A.M. MONTH	Y YEAR	Tic HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT		
Sicolar American	NCAL	IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	21f LOCATION			
the state of the s	MEDICA	west HOW HILE []	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOWN	COU	NTY STATE
TENDRA stal or o OR use or if Health		220.1 certify that (I) (this haspital saw the deceased alive an	8/2 19	7/1	nd that in (my) (aur) opinian o	e, ta 8/2 death occurred an the date as	nd hour and fre	, that (I) (we) lost
hosp hed 6 hed 6 hem 7		above, (1) (we) (did) (did nat) = 22k SIGNATURE	view the bady after death.		DEGREE		226.	DATE SIGNED
TAL C		Cours Din	e—		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9	8/3/16
D HOSPIT County be County		BY GERALD	Scall.on		645 2. F,25	+ 57, Has	erston	- MJ.
25 22121	23a E	SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	y STATE
BP	24. FI	Burial INERAL DIRECTOR	August 5,1986		iew Cemetery	Sharpsburg E REC'D. BY REGISTRAR 256. F		Ington Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME	Boonsboro, Mary	Rt. l	BOX /	5 1986 July D	Lader R	ndara

1255 (B12 G10 III

ALLE COLLEGE STREET STREET LE STREET

Branch Description of the Committee of t

of director, page 3

executed within 24 hours after death. Page 4 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furnishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, the medical

MPORTANT: If them 21 is marked or them 18 shows

retained by the haspital or attending physician.

TO HOSPITAL OR

BP.

STATE OF MARYLAND

-3	3	-	43	
2	4	U	/	d'in

- STATE REGISTRAR	, and the second	CERTIF	ICATE OF DEATH	REG. NO	4 1	3 /	de la
DECEASED NAME FIRST	MIDDLE		LAST		MONTH DA	Y YEAR	Zb. HOUR
(TYPE OR PRINT) E/M.	Willia	im L	oN6, Sr.		8 1	786	255 AM
SEX	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	
male	white	Marc	$\frac{1}{20}$, 193	53	YRS.	ONTHS: DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT CO	UNTRY? 8	D 🖾 NEVER MARRIED 🗆	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
Maryland	U.S.A.	S.A. WIDOWED DIVORCED		Wash	ington		MD.
), CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS OR
Hagerstown	Washington	County Ho	truck dri		insul	Lation Co	
SUAL RESIDENCE (IF NURSING HOME OF STATE 13b COL Was	INTY 13c. CITY	OR TOWN Crstown	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Route 4, B	ZIP CODE	2174	' +0
I. FATHER'S NAME			15. MOTHER'S MAIDEN NA				
David E	_	ong	Edna	Mae		Flat	tcher
o. WAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMANT	ADDRE	SS	TIEL	CHEL
TYES NO OR UNKNOWN) TIE YES G	IVE WAR OR DATES!	-28-1021	Mrs. Mary L.	Long, Hage	rstown	, Mary	yland
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	ED BY:	rinomo	a of Lung			BETWEEN	onset and Death
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CC		NOT RELATED TO THE TERM	inal disease or cone	DITION GIVE	N IN PART 1	01
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDII	NGS USED S OF DEATH?
				YES NO	YES		NO 🗌
		NTH DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PAR	RT I OR PART 2)	
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURATE WHITE AT WORK AT WORK	21e. PLACE OF INJUR' (AT HOME, STREET, FACTOR	Y Y. OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this has saw the deceased alive a above, (1) (web) (did n 22b. SIGNATURE	82/ //	19 <u>86</u> , o	nd that in (my) (awa) apinian DEGREE	deoth occurred on the do	ite and hour		
May E 1	Inen D		ATTENDING	MEDICAL STAP	F IAN 🗌	8/1	17/86
Mary E. M	Toney		1708 Oak	Hill Ave,	Had	erstoi	m,Md.
30 BURIAL, CREMATION, REMOVA (SPECIFY) burial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Hagerstow	n. Was	h. Ma	arvland

DHMH - 16 60M 7/B4

(VRA 15, 4)

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR Wilson Blvd., Hagerstown, Maryland 21740 AUG 19 1986

Aug. 20,1986 Cedar Lawn Mem. Park | Hagerstown, Wash., Maryland BY REGISTRAR 256. REGISTRAR'S SIGN TURE

- 1					STATE	OF MARYLAND				
	1	FOR STATE		DEPARTME	NT OF HE	ALTH AND MENTAL H	IYG IENE	2 4	8 7 5	
		REGISTRAR			CERTIFIC	CATE OF DEATH	0	REG. NO.		
		CEASED NAME LUGRET	PA EMB	EN I	ARSA	IALL	Ze. DATE O		DAY YEAR 2	b. HOUR
	(TYPE	OR PRINT)	LL E	11-11-A4	anok	411		છ	18 86	113 P
	3.563	Lugre	4. RACE		ANSIN DATE OF	PIOTU	6 AGE UN	YEARS LAST BIRTHDAY)		F UNDER 24 HRS
	3.50	Famile			MONTH	DAY YEAR	a. AGE (IN	TEARS (AST BIRTHDAT)		OURS MIN.
4	1	FEMALE	White		3 -	25-29	3	YRS.		
324	19. 81	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED	NEVER MARRIED	1 1 .	ORE CITY OR COUNT	0	
0	H	Maerstonin	USA		WIDOWED		- W	ASKINATO	ON COUNT	Y MD.
0	10.CI	TYPE TOWN OF DEATH				OTHER INSTITUTION		OCCUPATION	12b. KIND OF I	USINESS OR
7	N	DARRETEWA!	WASHIN	CILITY, GIVE STREET AD	DUNT	V HOSPITH		RK FOR MOST OF WORKING	(LIFE) INDUSTRY	
-	A)SU		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE AL		y 114SFILL			217:	211
5	100	HATE - 13º COUN	/ /	CITY OR TOWN	- 12	34 INSIDE CITY LIMITS	400	ADDRESS / ZIP COI		
\mathcal{Q}	14		INSTON	UNKSTO		YES X NO []	P.O.	450 X 373	runk	stonn.
1%	H. FA	THERS NAME FIRST Elmer Lo	WIDDLE	LAST		5. MOTHER'S MAIDEN		MIDDLE _	LAST	
0		Elmer Lo	ocke	Smith		Effic	е	Viola	Horn	baker
7		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURI	TY NO.	7 INFORMANT		ADDRESS	Box 373	
/	(,	YES, NO OR UNKNOWN). (IF YES, GIV	E WAR OR DATES)	8-24-18	322 k	Carroll S.	Marsh	all Sr.	Funksto	wn Md
								Tues De l'		TE INTERVAL SET AND DEATH
1		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line D BY:	Tornol, (b), and	f".	1200.00	0	401	BETWEEN ON	SET AND DEATH
		IMMEDIA1	E CAUSE (o)	(650	rwr	es proto	d or	201		
		A - 1895 H	DUE TO, OR AS	A CONSEQUEN	ÇE OF	1 1	٥.			
		Canditions, if any, which	((b)	ma	lica	ont lum	whom	۵	7	months
1	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying couse lost		A CONSEQUEN	CE OF					
		PART 2. OTHER SIGNIFICANT ((c)	ALBUTALC TO DE	ATLLBUTA	OT DEL LYED TO THE Y	EDWINIAL DISEAS	CE OR CONDITION C	SPATENT DARK 1	
	z	PART Z. OTHER SIGNIFICANT	ONDITIONS CONT	KIBUTING TO DE	AIN BUIN	OT KELATED TO THE TE	ERMINAL DISEAS	SE OR CONDITION G	SIVEN IN PART IIG	
_	CERTIFICATION		True conforms					ODSV2 Inn IS N	/EC 14/E0E EN (D.) / -	
2	Ω	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH O	PERATION	WAS PERFORMED	20a AUT		YES, WERE FINDING TIFYING CAUSES O	
\times	1						YES 🗌	NO.	YES 🗌	NO 🗌
2	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN		VEAD	21c HOW INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN ITEM 18	8 PART I OR PART 2)	
1	A P	OR CONTRIBUTING CAUSE OF DE	(14)	MONTH DAY	19 19					
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF I	NILIRY		ZIF LOCATION				
1	WE	WHILE NOT WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FAR	M, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK			->	2	1	Chr	(1)	_
		22a.1 certify that (1) (this haspi		edeased fram	7	19 8	2 C , to	0/19	, 19 <u>(10</u> , the	ot (Iv (we) last
		saw the deceased alive an obove, (I) (we) (did) did no	8118	19 19	, and	that ir (my) our) opini	ion deoth accurr	ed on the date and he	aur and fram the co	uses stated
		276. SIGNATURE	A 1	er dedin.	DI	GREE			22 DATE SI	GNED
	ATTENDING MEDICAL STAFF								S 1	4 4
-		77d. PHYSICIAN'S NAME (TYPE O	TUA	~ 14	<u></u>	PHYSICIAN 72e ADDRESS	DIRECTOR	PHYSICIAN []	10	0100
/		220. ETTSICIAN S NAME (TYPE C	I I			LE ADDRESS	11 1	Da M	11	. 1
1		Trederic	7. LAS!	11,	7.34	1851	1 towel	u red	1 ecers to	ww Ma
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NA	ME OF CE	METERY OR CREMATOR			1	
		Burial	8-21-8	6 Rose	Hil	1 Cemeter		erstown, V	Washingt	on Md
	_	JNERAL DIRECTOR		Hager				REGISTRAR 25h REGI		
84		NAME	unoral			II . L'ICL .	10004	200		
	A	K. Coffman F	uneral h	iome, I	nc.	A	JO G Z F	00 guilling	widown-hand	ما اليه

AUG 22 1996 gran Davidon gangere

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR

(VRA 15, 4)

There were a second of the first of the firs 772 82 27 27 the state of the s the second secon . Bill, resource med, . 25 . I in Series . The Figure on the Tendenth tend 111 Toronto organization of the Company of the Corlines Foregral Rone, Inc.

00-8174

ectar, page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA

CERTIFICATE OF DEATH

HYG	IENE 6 REG. NO. 4	0 7	6
	20. DATE OF DEATH MONTH D	AY YEAR	2b. HOUR
	August 27	1986	
	7102 (1.12	IF UNDER 1 YEAR	IF UNDER 24 HRS
	73 YRS.	ONTHS DAYS	HOURS MIN.
	9. BALTIMORE CITY OR COUNTY	OF DEATH	
	Washington		М
	12a. USUAL OCCUPATION /		BUSINESS OF
	Housewife	INDUSTRI	
5?	13e STREET ADDRESS / ZIP CODE 2206 Ontario Dr	ive	140
NA/			
9	I.	Skelto	n
	ADDRESS 220	6 Ontar	io Dr.

	E OR PRINTI					16. DAIL OF BEATT			20. 1100K
	MARTI	4A I	Ellen	N	MARTIN	August	27	1986	м
3. SE	X	4. RACE		5. DATE C		6 AGE IN YEARS LAST E	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
_	Pemale	White		Marc	h 4 1913	73	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY			
Ms	country) aryland	U.S.	Δ		D NEVER MARRIED U	Linebanet			
L	ITY OR TOWN OF DEATH			WIDOWE HOME C	OR OTHER INSTITUTION	Washingt		/ 126 KIND O	F BUSINESS OR
1	lagerstown	[IF NOT IN SU	CH FACILITY, GIVE STREET AD	DRESS)		TYPE OF WORK FOR MOST			
	AL RESIDENCE LIF NURSING HOM		igton Count		Spital	Housewif	е .	71	-
13a.	STATE 113b CC		Hagerston		13d INSIDE CITY LIMITS? YES NO TO	13e.STREET ADDRESS 2206 Onta			740
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			
	David	P. MIDDLE	Bowers		Hattie	L.		Skelto	on
	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADD	RESS 22	06 Ontar	io Dr.
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	218-38-092	20	Gerald Holme	g Hager		Maryla	
	18 CAUSE OF DEATH (Enter				dos oza noznic	1105.01	G VORA	APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DE ATH WAS CAL	JSED BY:	Heroscler		Cato Dianaia.	. O. 1 A. N	000	BETWEEN	INSET AND DEATH
	IMMED	IATE CAUSE (0)	Charles	uvc	- Co cocorres Cc	COUT NOW	and		
		DUE TO, C	R AS A CONSEQUEN	ICE OF	INDA" L				
	Conditions, if ony, which	(b)_	Liaber	s/	receitus				
	gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQUEN	ICE OF					
	underlying couse lost	(c)							
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	SIVEN IN PART 110	3
O									
CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
Ĕ						YES TO NOTA		TIFYING CAUSES	OF DEATH?
=======================================	21a. ACCIDENT WAS UNDERLYING	21b, TIME (OF INJURY		21c HOW INJURY OCCURR				
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DAY	YEAR					
N N	I IF EITHER NOTIFY MEDICAL EXAM		.M.	19	100000000000000000000000000000000000000				
MEDICAL	21d INJURY OCCURRED		OF INJURY TREET, PACTORY, OFFICE FAR	RM, ETC)	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE
1	AT WORK NOT WHILE								
	22a. I certify that (I) (this he	optial) attended t	he deceased fram	4-	1980	, ta	-4	1986	that (I) (we) last
	saw the deceased alive	an	t ofter death	6 , or	nd that in (my) (a ur) aprision o	death occurred an the	date and h	aur and fram the	couses stated
	22h. SIGNALLIK	$\cap \mathcal{U}$	difer deam.		DEGREE			22c. DATE	SIGNED
	Chie Mal	(Atl)		1	ATTENDING PHYSICIAN F	DIRECTOR PHYS	AFF	8-2	8-86
1	22d. PHYSICIAN'S NAME IT	rs Commis			22e ADDRESS	DIVECTOR TO PHIS	ICIAIN [1 9	- 4
	Eric W. Wag				1825 Howell	Rd Hager	etow	Marrellar	nd 2171.0
1	TITE W. Wag	UNGAL			I 102) HOWETT	last tocation	DOOMI	r Mar Aran	24 21140

DHMH - 16 60M 7/84

this certificate has been

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is should be detached with the State Dept.

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIES) BP.

FOR STATE

REGISTRAR

8- 30-86

GreenLawn Mem. Park Bast Funeral Home Boonsboro, Maryland 21713 24 FUNERAL DIRECTOR

Willamsport Washington Md. 256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 2 1936

Andread States of the States 21 1985 Grand Market advised advised approximate a contract to the contract elige of Little Third of the form Seria P. Joseph Sintle L. Serian De CATAL LA Light St. Processing St. St. Portol | Colored - Colored -Market with the purple of the purple.

The state of the s STOLIS TO THE PARTY OF THE PART

00717 72 hours after death pe TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion as should be detached for use as the burial-transit permit. Then please remove carbonpopers. Paywith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. certificate be requires that the death TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

ony injury, or other troumatic event, the

MPORTANT: If Hem 21 is marked or Item 18 shows

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ó

REGISTRAR			CERTIFICATE OF DE	MIN	REG. NO.	
DECEASED NAME	FIRST	WIDDIE	LAST	20 DA	TE OF DEATH MONTH	DAY YEAR 26 HOUR
	ice	Nancy	Miller	A12.6	rust 16 1	986 м
3. SEX		RACE	5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female		White	Jan. 19		90 yrs	
a. BIRTHPLACE (STATE OR	FOREIGN 7	6 CITIZEN OF WHAT COUNT		ARRIED 9 BALT	IMORE CITY OR COUN	ITY OF DEATH
Maryland		U.S.A.			shington	County MD.
O CITY OR TOWN OF DE	ATH 1	NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTI-		UAL OCCUPATION WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
Hagerstown	1	108 EastNor			nemaker	Home
		THER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	Y LIMITS? 113e.STR	EET ADDRESS / ZIP CO	
Maryland			stown YES	NO 108		th Avenue
4. FATHER'S NAME FIRST		IDDLE LAST	15 MOTHER'S	MAIDEN NAME	MIDDLE	(AST
Charles		slev Hart		linda		Spessard
60 WAS DECEASED EVER		MED FORCES? 16b. SOCIAL S	ECURITY NO. 17 INFORMAN	IT	ADDRESS	
No	, , , , , , , , , , , , , , , , , , , ,		-2830 Jean	T. Mille	er same a	s 13
18. CAUSE OF DEA	TH (Enter anly	ane cause per line for (a), (b)			1.P.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH V	IMMEDIATE		bro-Valcus	Lar Acced	not (Mon	para
		DUE TO, OR AS A CONSE	OUENCE OF		, ,	
Conditions, if any			aschute Cen	spro, Jarons	la mea	
gave rise to im	ing the	DUE TO, OR AS A CONSE	OUENCE OF	100		
underlying caus	e last.		MOLELANIN 9	Doners	2	
	NIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	THE TERMINAL DE	ASE OR CONDITION	GIVEN IN PART 110
ō L						
NO DATE OF OPERA	ATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFOR	MED 200		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
RTIF				YES	□ NO□	YES NO
		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW INJ	URY OCCURRED (EN	TER NATURE OF INJURY IN ITEM	1B PART I OR PART 2)
(IF EITHER, NOTIFY MEE	DICAL EXAMINER)	P.M.	19			
214 INJURY OCCUP		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM, ETC.) 211 LOCATION STREET	N	CITY OR TOWN	COUNTY STATE
AT WORK AT W	ORK					
	-	al) attended the deceased fro		, 19, to	9-16-86	, 19, that (It (we) lost
		view the body after death.	, and that in (my) (our) apinion death ac	curred on the date and t	hour and from the causes stated
22b. SIGNATURE	V	0	DEGREE	TENDING	CAL STAFF	22c. DATE SIGNED
0	04-	anda	PI	TENDING MEDI	TOR PHYSICIAN	
72d PHYSICHAN'S N	AME HIYPE OR	PRINT)	22e. ADDRESS	0 1	0	
	1 4					
W.1	M. 1	rander	138	C. Andrew	141 . H Cano	Chile Com wrog sub
230. BURIAL, CREMATION	, REMOVAL	23b. DATE :	36 NAME OF CEMETERY OR CE	REMATORY 23d	LOCATION CITY OF TOWN	JUNIOUS MOSSIAMI
230. BURIAL, CREMATION (SPECIFY) Cremat			7 7	ematory	CITY OR TOWN Smiths burg By REGISTRAR 236. REG	gwadow Mozi y yo Wash. Md.

Maryland

Minnich Hagerstown

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

The second secon

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME KNOWN X 20. DATE LTYPE OR PRINTS + HurmAn HOURS STREET DEATH MATED RECTOR 3 SEX AGE (IN YEARS IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED Feb. 21-42 White DEAD O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED FOREIGN COUNTRY Marvland Washington County DIVORCED ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Beaver Creek Road Funkstown Machinist Mack USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Hagerstown, Md. PRESTON ST., BALTIMORE, MD. 21201 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Dual Hi Wav Maryland Hagerstown 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE Mills Lorraine Shives Chester Haael Vernon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 7 INFORMANT (YES, NO, OR UNKNOWN) No 214-42-1313 Ann same as CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOX RECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING". IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. "RANISIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAUTIMORE, MARKHAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY SUDLE MILSSIVE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Accident gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION-WAS PERFORMED? 20 AUTOPSY? YES NO D 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR X OR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM FICE CITY OF TOWN COUNTY STATE AT WORK NOT WHILE BAMEN Crosla AT WORK mn 220. I certify that I took charge of the remains described above, held on and in my opinion Homicide Undetermined monner deoth resulted from: Notural couses TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY STATE Burial BP 8-19-86 Rest Haven Cemtery Hagerstown 07/84 25M 24. FUNERAL DIRECTOR 305 ADD Potomac St. **DHMH - 17** wa Hardon Manaca (VR A15 ME (5)) Minnich Hagerstown. Maryland

1) des la servicio de la constitución de la constit The second state of the Park of the Sales But I have the same of the sam and the state of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

a ^{ct} s	4	U	8	U
2		1,0	G	04

-		REGISTRAR				CENTIL	ICAIL OF	DEATH	REG. N	O.			
		EASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH	MONTH DA	YEAR	2b. HOL	
	(TYPE	JC JC	ohn	01	iver	MOR	LR15		Aug	WST 16	, 86	10:	PM
1	SEX			4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER	
7	-	Male		Whit	е	03	06	1906	8	O YRS	DAYS DAYS	HOURS	MIN,
-		THPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 AA A DDIE	D NEVER	MARRIED -	9 BALTIMORE CITY	R COUNTY C)F DEATH		
)		aryland		USA		WIDOWE	DX C	NORCED	Washingt		8 177		MD.
1		TY OR TOWN OF DEA			IOSPITAL, NURSIN				12a USUAL OCCUPAT		12b. KIND C		
	_	agerstown			gton Co		Hosp	ıtal	Manager		Util	ity	Co.
	13n. S	TATE			GIVE RESIDENCE BEFORE HAGETST		134 INSIDE	CITY LIMITS?	13e STREET ADDRESS		· OX	117	412
)		aryland	wasi	iriigton	nagersc	OWII	YES 🔀	NO 🗌		ard S	treet	1/	10
1	14 FA	THER'S NAME		MIDDLE	LAST			'S MAIDEN NA	ME		14	ST	
	Ge	eorge		bert	Morri	S	Lo	ttie	May		Shob	er	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORM		ADDR				
	No)	(# 163, 614	E WAR OR DATES!	179-09-	6762	A Mr.	Charl	es Martin	Hag	ersto	wn,	Md.
					line for (a), (b), and	d (c).1			2		BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH W		D BY: TE CAUSE (o)	acu	te. h	ester	along	Laclure		1	rs	
			MAREDIA		AS A CONSTOUR	NCFOF	-1	1					
		Conditions, if ony,	which	DUE 10, OI	Chrane	" 194	strue	tros de	elmonosu o	Leneure	- 6	ira	
		gove rise to improve couse (a), statis	mediote	(0)_				V					
		underlying cause lost DUE TO, OR AS A CONSEQUENCE OF											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									N IN PART 1:	a	
	N N												
2	ATI	19a DATE OF OPERA	TION	195 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	WERE FINDI			
1	CERTIFICATION								YES NOR	IN CERTIFY	ING CAUSES	OF DEAT	
	CER	21a. ACCIDENT WAS UNI	DERLYING	216. TIME O			21c HOW I	NJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	IT I OR PART 2)	-	
		OR CONTRIBUTING		110	M. MONTH DA	Y YEAR							
	MEDICAL	(IF EITHER NOTIFY MEDI-		21e PLACE		17	211 LOCAT	ION					
	ME	WHILE NOT WE	HILE		EET FACTORY, OFFICE, F.	ARM, ETC)	STRE		CITY OR TO	MMI	COUNTY	S	STATE
		22a certify that (I)		tal) ottended the	e deceosed from_	Jeb		19 75	to aug	16 _ 1	280	that (I) (we) lost
		sow the decease	ed alive on	any ,	16 19	or es	nd that in (m)	(ee) opinion	death occurred on the d	ote and hour			.,
		22b. SIGNATURE	olid) kene me	t) view the body	offer deoffi.		DEGREE				22c. DATE	SIGNED	100
		Harold	RINi	tch or		n	20	ATTENDING PHYSICIAN D	MEDICAL STA	FF CIAN [8-1	8-80	
-		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	,	-	22e ADDRE			,	1		
		HAROCI) R	2. TRI	tch la		144	GERS	TOWN,	Md.	2174	0	
	23a B	LIDIAL CREMATION	DEMOVAL	Task DATE	123, 5	LAME OF C	EMETERY OF	CREMATORY	Tast LOCATION				

20,1986 Jersey Shore

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21

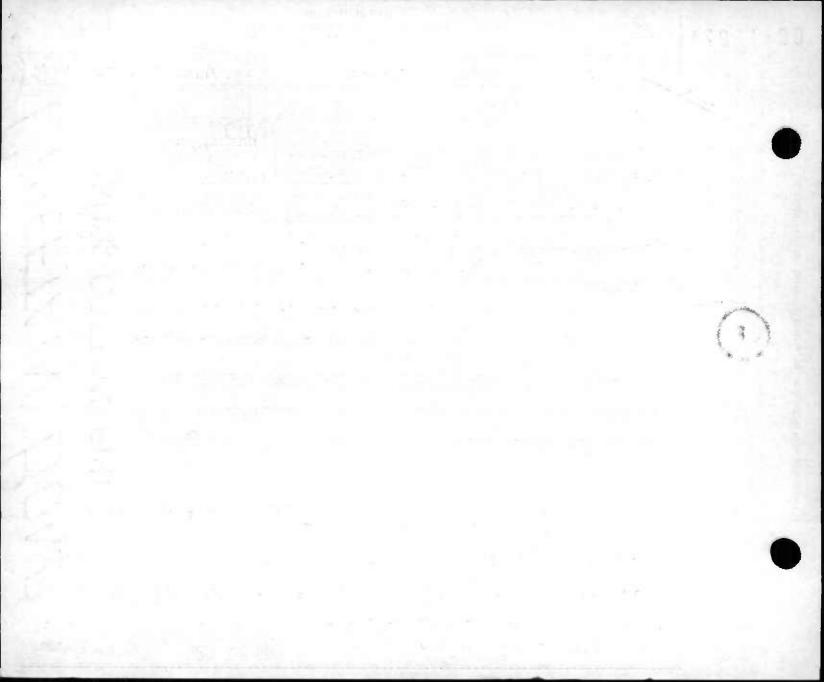
Burial

Aug. MINNIGH FUNERAL HOME 415 E. Wilson Blvd. Hagerstown, Md. 21740

Jersey

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 2 1 1986

Shore Lycoming Pa.



DHMH - 16 60M 7/73 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH 26. HOUR 08-24-86 4:45Pm IF UNDER 1 YEAR IF UNDER 24 HRS. 9 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE 108 Fairview Drive REED 4356 Blagden Avenue, N.W. R.L.Moxley, Jr. Washington, D.C. immediate vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY 10 86 and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 08-25-86 Hancock, Marvland 21750 BURIAL HANCOCK, WASHINGTON, MARYLAND 08/28/1986 250. DATE REC'D BY RECISEAR 256 REGISTRAR'S SIGNATURE OF FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE	0	
DICAL EX A	MINER'S CE	RTIFICATE	DE DEATH	En .	6

2	REG NO	0	8	69
0-10	REG NO			

5553	1-3	FOR STATE REGISTRAR					ERTIFICATE O		H 2 4	0 8 2		
(#W\$+		EASED NAM OR PRINT)	James	E	dward	МО	WEN		DATE KNOWN A OF ESTI- DEATH MATED		5:30	
10 H 0 H 0 H	3. SEX		4. RACE	5. DATE OF BIRTH	VEAR LAST BIRT		DER 1 YR. IF UNDER		DATE ONOUNCED .	MONTH DAY YE	AR 26 HOUR	
¥288	ma	le	white	Aug. 10,		YRS.	DATS HOURS		DEAD AUGU	ST 10 198	6 A _M	
NBS	FOI	RTHPLACE (S REIGN COUNTRY) ryland	TATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR	IED 🔀 NEVER MARRI	ED 🗌	Washin	gton	MD.	
279	Н	agerst	own	Washing	F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Vashington County Hospital			12a USUAL FOR MOS	OCCUPATION (TYPE O T OF WORKING LIFE)	126 KIND OF OR INDU	JSTRY	
133	13a. S1	L RESIDENCE TATE ryland	13b. COUN	or other institution, gr NTY nington	13c. CITY OR TOWN Hagerst	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET	ADDRESS 330 Delawa	re Lane	21740	
23311	14. FA	THER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAIDE	NNAME	MIDDLE	LAST		
1/2		David	Ε.		Mowen		Georg	iana	С.	Tim	brook	
1 X-08 4 1	160 WAS DECEASED EVER IN U.S. ARMED (YES, NO. ORUNKNOWN) (1F YES, GIVE WARD			WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		ADDRESS			
A A GE		yes		1978	218-62-8	412	Diane M.	Mowen	, Hagersto		MATE INTERVAL	
EECUTED WITHIN 24 HI 23" IN PENCIL IN ITEM AL EXAMINER ALONG BURIAL-TRANSIT PERM ND MENTAL HYGIENE DN, OR REMOVAL.	7	Condition gove r cause (a lying car	ons, if any, which ise to immediate) stating the <u>under</u> use last.	DUE TO, OR (b) DUE TO, OR (c) (MA	AS A CONSEQUENCE AS A CONSEQUENCE JOR HEAD	VEHIC CE OF AND NE	ROAD AND LE CK TRAUMA) E OR CONDITION GIVEN IN PA	OVERTU			MED.	
PENDING F MEDIC SD AS A HEALTH A	ATION	1	FOPERATION		TION FOR WHICH O			KT I I U		20. AUTOI	PSY?	
SP USE	FIC			-						YES NO X		
THE WOOULD BE	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF	HOUR A.M	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR: 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OF							
ED 1	EDIC	21d. INJURY		21e. PLACE (OF INJURY (AT HOME	21f. LC	CATION RT.	WEST	2 MILES	COUNTY	STATE	
ARD ARD GE GE	~>	AT WORK	NOT WHILE	STATE		WES	T CITY LIM	ITS, H	AGERSTOWN,		TON, MD.	
MEDICAL EXAMINER: THE CERTIFICATE, VEL 4 SHOULD BE FORW FUNERAL DIRECTOR: PER SE DEATH, VITTILE STEMENER, MARTHER SE THOMER, MARTHER SE SE DEATH, WITTILE SE SE THOMER, MARTHER SE	WHILE AT WORK AT WORK STATE RT. #40 WEST CITY LIMITS, HAGERSTOWN, WASHINGTON 22a. I certify that I look charge af the remains described above, held an Autapsy I, Inspection IX. Inquiry I, and in my apinian death resulted from Natural causes I, Accident IX, Suicide I, Hamicide I, Undetermined manner II. ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNED II. EXAMINER'S NAME EDWARD W. DITTO, III, M.D. ADDRESS HAGERSTOWN, MARYLAND 21740										11, 1986	
EXECU PAGE TO FU AFTER BALT	23a. B	URIAL CREMA	TION, REMOVAL		1	CEMETERY (OR CREMATORY	23d. LOCA	ATION	COUNTY	STATE	
BP		urial		Aug.13,198		laven (Cemetery		erstown, Wa			
DHMH · 17 (VR A15 ME (5))		NAME		CH FUNERAL NA ADDRESS Vd., Hagen		. 2174	AUG"	4 14	STRAP 25h REGIST	RAR'S SIGNATURE	Re.	

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/76

Let I - COTUS DE L'ALLE L'ALLE MARTINE AND BALLE MARTINE MATOR - MIT-1 NITER SEXIONET REVIEWS CASE TERM 3.10 LONG MORE COOPET

DEC DE LUM

TEUDUM

CAUGE HEAD AND LEGIN THADMAL

AZJIN S., TESM OF ATH TATE OT . TO THE TATE OF THE PARTY OF THE PA

TOTAL TOTAL TOTAL TOTAL STATE

CONATCO . HITTE, .11, M.D., Company Tooks, TANKY-MANUEL POR

TO 12 - 40K 74-80

305 N. Potomac St.

Minnich Hagerstown, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4) 24. FUNERAL DIRECTOR

of it, and instant production and the second section bearing Spirit the second contract of agreement AND THE STATE OF T

the particular and and an in the state of the said of the

. 1. J. S. W. Lindell Store Francisk rescaption of the contract of the contrac

1	FOR - STATE REGISTRAR			DEPARTI	MENT OF HEAD	F MARYLAND LTH AND MENTAL HY ATE OF DEATH	GIENE 8	6 REG. N	2	40	8	
	ECEASED NAM	E FIRST	A	NIDDLE	LAST	A Committee of the Comm	20 DATE OF	DEATH	MONTH D	AY YEAR	26 HOUR 12:2	
	T. Co. Co.	Mary	Ge	orgia	Norf	Cord	Augus	st 1	5. 1	986	12.2	
1.5	EX		4 RACE		5. DATE OF B	IRTH YEAR	6. AGE (INY	EARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 I	
	Pemale		White		Jan.	18. 1906	80		YRS.	DATS	HOOKS	
2	BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMO	9 BALTIMORE CITY OR COUNTY OF			FDEATH	
M	arvlan	d	U.S.	A .	WIDOWED		Wasi	ning	ton C	ounty		
10.0	O. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 170 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			ION						
H	agerst	own				Hospital	Mana		or o	Retai	1 Sta	
13a M	ary lan		OTHER INSTITUTION	13c. CITY OR TOW	town 13d	I. INSIDE CITY LIMITS?				Stree	t217	
11	EATHER'S NAME FIRST	mown	MIDDLE	LAST	115	MOTHER'S MAIDEN N	AME	WIDDLE	N	orfor	d	
160		DEVER IN U.S. AF	VE WAR OR DATES)	166 SOCIAL SECU		informant George Ho:	ffman		ersto	wn, M	d.	
	PART I. D	F DEATH (Enter of EATH WAS CAUSE IMMEDIA if any, which	TE CAUSE (a) A	RTERIOSC RAS A CONSEQU	LEROTIC ENCE OF	HEART DISI	FIBE	ILLA'		MANY	YEARS	
	gave rise	ta immediate stating the	DUE TO OF	AS A CONSEQU	ENCE OF	AND US, TYPE I				1.7	YEARS	
NOI	PART 2 OTH	IER SIGNIFICANT	conditions <u>cc</u>	INTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASI	OR CON	DITION GIVE	EN IN PART 1	a	
A I	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH	OPERATION W	VAS PERFORMED	20a AUTO	NO X	IN CERTIFY	, WERE FINDI		
MEDICAL CERT	OR CONTRIBUT	WAS UNDERLYING [ING] CAUSE OF DE DIFY MEDICAL EXAMINE	HOUR A.	M. MONTH D	AY YEAR	It. HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJU	RY IN ITEM TO PA	ART I OR PART 2)		
	21d. INJURY	NOT WHILE AT WORK	21e PLACE C	OF INJURY EET FACTORY OFFICE, I		I. LOCATION STREET	Jak	CITY OR TO	IWN	COUNTY	STAT	
	obave, (that (I) (XXXX) deceased alive ar I) (XXXX) (did no	AUGUST	deceased from 19		hot in (my) XX) opinia	, 10	d on the de	ote and hour			
	22b. SIGNAT	luch	2 w E	Di He	wil	PHYSICIAN	MEDICAL DIRECTOR	STAI		AUG .	15, 1	
1		AN'S NAME (TYPE			22	DRESS 217	WEST W	ASHIN	GTON S	TREET		
/	EDWA	RD W. DI	TTO, III	, M.D.	1	HAG	ERSTOWN.	MAR	YLAND	21740		

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE [SPECIFY]

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

HAGERSTOWN, MARYLAND 21740

23d LOCATION CITY OF TOWN Wash. lost

986

8-18-86 Cemetery Hagerstown Wash. Mc Rose 305 N. Potomac St. Hagerstown, Maryland

LIT TI 926 I T A STORE OF STREET FIBRICATION CONTACTO EXTENSIVE MILLULLIFE OF RT. SUTTOCK COMMEN TARTE DETERMINE SPAIN Y-WILL THUZUR OF THUZUR a si . si . man TUENT DETRICIENT TEST SES .T. . . TELL . GAABS MANY SE MENLY BA & PROTE HEBAY AND THE SECOND S

	FOR - STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4086
	ECEASED NAME FIRS		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		ouise Mild		August 26, 1	
1	Female	White	5. DATE OF BIRTH MONTH 19, 1919 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FOREIG		ITRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
-	Senevola, Md.	U. S. A.	MARRIED WIDOWED DIVORCED	Washington	M
10. 0	Boonsboro		URSING HOME OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING LE HOUSEWITE	12b. KIND OF BUSINESS OF
130.	STATE 13b	one or other institution, give residence COUNTY 13c CITY OR BOOM		1 Young Ave.	^{DE} 21713
10	Fred Pred	Lee Baker	r Clemm	ie Einora	Smith
160 N	WAS DECEASED EVER IN U. ES. NO OR UNKNOWN) (IF Y		SECURITY NO. 17 INFORMANT Millard E.	Palmer, Boons	ing Ave. sboro, Md. 217
Y. or other round	Canditians, if any, white gave rise to immedia couse (a), stofing 11 underlying cause last	the tee beet DUE TO, OR AS A CONS	SEQUENCE OF STRUCTURE SEQUENCES ON OF STRUCTURE STODEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	IVEN IN PART LID
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The same of	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX)	OF DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
	220 Learnify that (1) (this sow the deceased air obove, 14) and (1) 1771 SIGNATIFIE	hospital) attended the deceased f	DEGREE ATTENDING	in death occurred an the date and ho MEDICAL STAFF DIRECTOR PHYSICIAN	. 19, that (II (we) las ur and from the causes stated
230	BURIAL, CREMATION, REMO	verb J Gan	100 Geeting	g Lane, Keedysvil	le, Md. 21756
	Burial	8-30-86	Boonsboro Cemeter	Boonsboro	Vash. Co., Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

John H. Bast, Jr.

24 FUNERAL DIRECTOR

Boonsboro, Md. 21713 SEP 2

1986

Boonsboro Cemetery Boonsboro, Wash. Co., Md.

250 DATE RECID. BY REGISTRAR 231. REGISTRAR'S SIGNATURE

Md. 21713 SFP 2 1986 Chilia Davidson Ambres.

100 Jearing Lane, Keedgeville, Dr. 21755

ALERE Books, it. Secambors, Mi. 21713

1	FOR - STATE REGISTRARCLARICE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY MAE PLACE CERTIFICATE OF DEATH	GIENE 8 6 2 4 0 8 7					
	DECEASED NAME FIRST	MIDDLE DIAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
1.5	EX CLARICE	4. RACE S DATE OF BIRTH	6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.					
0	Female	White Jan. 25, 190	MONTHS DAYS HOURS M					
3 to 12	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	RAITIMORE CITY OR COUNTY OF DEATH					
0	est Virginia	U.S.A. WIDOWED DIVORCED	- I Constanting					
/H:	agerstown	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Washington County Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) School Teacher					
130 1	STATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Hington Hagerstown YES NO X MIDDLE LAST 15. MOTHER'S MAIDEN N	Route # 9 Box 201					
() ()	Joseph R	av Ambrose Mary	Elizabeth Bryd					
event, the medical		IVE WAR OR DATES)	^1042 Glenwood Aver					
te a	No -	233-34-3046 Joseph R.	Place Hagerstown Md. APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH					
vent, t	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	BETWEEN ONSET AND DEATH						
injury, or other troumohic	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
S shows on injur	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO					
	OD COMPANDITURE CAUSE OF DE	EATH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET	CITY OR TOWN COUNTY STATE					
21 is	220.1 certify that (1) (this hospital) attended the deceased from							
ANT.: #	22b. SIGNATORE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN F /25/80					
PORT	GERALD \$	SCALLIN 220 ADDRESS	iests). Has no.					
230	Burial, CREMATION, REMOVA		CITY OR TOWN COUNTY STATE					
24	FUNERAL DIRECTOR	8-27-86 Rest Haven Cemete						
24	NAME NAME	Hagarata Ma 200. DA	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
OM 7/84 A	K Coffee	Funeral Home, Inc. Md.	on which the state of the state					

and the State of t

Den 125 1905 75

or hard the U.S. c. U. Salar value of

Till-Ma-11 I Joseph H. Stages | December 1555-60-fill

BM netbuldan , sectations suggested by some death of the state of the

a.k. Colinge Funeral Hose, And.

20M 4/82

Maria de la compania del compania de la compania del compania de la compania del The medical contract of the second CALL PROPERTY SPACE TO A CASSIAL DESCRIPTION OF THE CASSIAL DESCRIPTION OF

WASHINGTON 12h KIND OF BUSINESS Street Maintenance Worker 21713 Neckla Rides 2 Box 392 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO [STATE COUNTY 23d. LOCATION Hagerstown, Wash. Co..

8

MONTH

07/84

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR John H. Bast, Jr. Boonsboro, Md.

8-8-86

23a BURIAL CREMATION REMOVAL 23b DATE

ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)

Burial

Rest Haven Cemetery

TITLE (SPECIFY)

表现 生日日

c nice toril . 1907 79

Sec not 2 .52 ordenous

orodanos recuminas en l'esta

nya Jandali mid

5-42

Testen TO resulting

STITE SEE NOT STITE TO

JEPUT

., M.D.

SHAP L C-U-40 Nast Hara Cometany Argentin era. Bot. 40.

(VRA 15, 4)

ing August 185

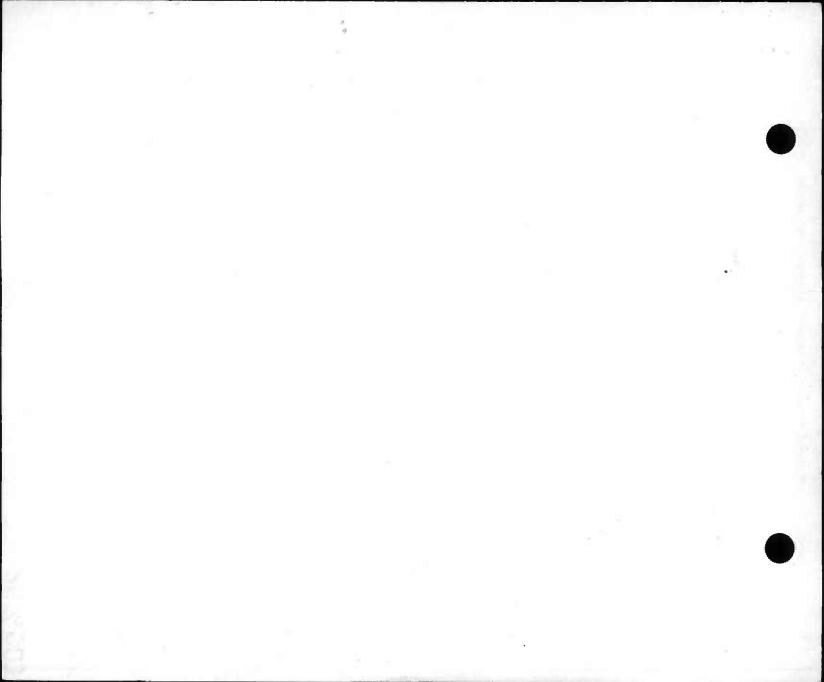
part of the contract of the contract of plonts of the last of the last

AN A TOWN FOR STORY STORY SERVICES AND THE SERVICES AND T

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 2b. HOUR MIDDLE 1. DECEASED NAME SCHOEN Ju₁v 1986 6:00P M Ann MACKAY A AGE LIN YEARS LAST BIRTHDAYL 5. DATE OF BIRTH 4. RACE MONTH November 13, 1897 88 Female Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York TISA WIDOWED DIVORCED | Washington 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homewood Retirement Center Statistician/Ret None Williamsport USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STATE 2750 Virginia Avenue 21795 Williamsport YES X Marvland Washington 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME ALIDD1F MIDDLE Veit Pauline William . Mackay ADD 1028 N. Market St. medical 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Frederick, Md. 21701 Mrs. Walter E. Frey 052-05-3417 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse (a), styling the DUF TO OF AS A CONSEQUENCE OF underlying couse lost PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIME CERTIFICATION 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSYT 70h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T NOX Hype 21s. ACCIDENT WAS UNDERLYING. [7] 716 TIME OF INJURY THE HOW INJURY OCCURRED. LINGUIS NATURE OF INJURY IN HEAR IS MAKE I DEPART OF HOUR A.M. MONTH DAY YEAR OR CONTEMUTING TO CAUSE OF DEATH MEDICAL P-M LIFETHER NOTIFY MEDICAL EXAMINER: 214 INJURY OCCURRED 21s. PLACE OF INJURY TH LOCATION COUNTY STATE 01MEET CAT HOME STREET PACTORY OFFICE FARM ETC.) NUMBER OF NOTWINGS (this hospital) attended the deceased from 0 and that in (my) (pur) opinion death occurred at the date and hour and from the course stated 22c DATE ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN ORTANT Metzner M.D

731 NAME OF CEMETERY OR CREMATORY

1201 N. Market St.

Frederick, Md. 21701

St. Johns Cath. Cemetery Queens,

Queens, New York

BY REGISTRARI256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15. 4)

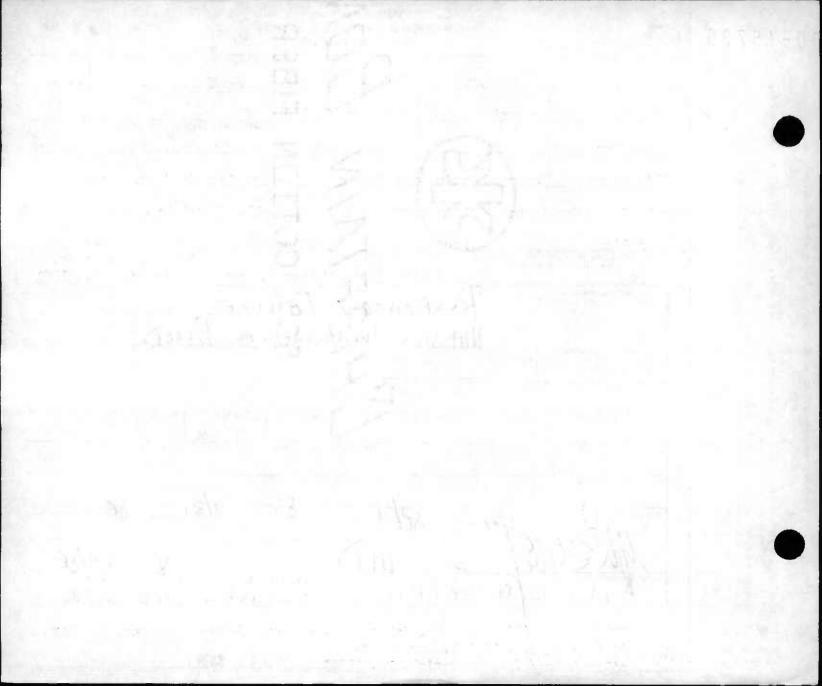
23a BURIAL CREMATION, REMOVAL

Burial

Dailey & Son P.A

235 DATE

8/3/86



in by the funeral director, page 3 the filed within 72 hours ofter death

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP

DHMH - 16 60M 7/84

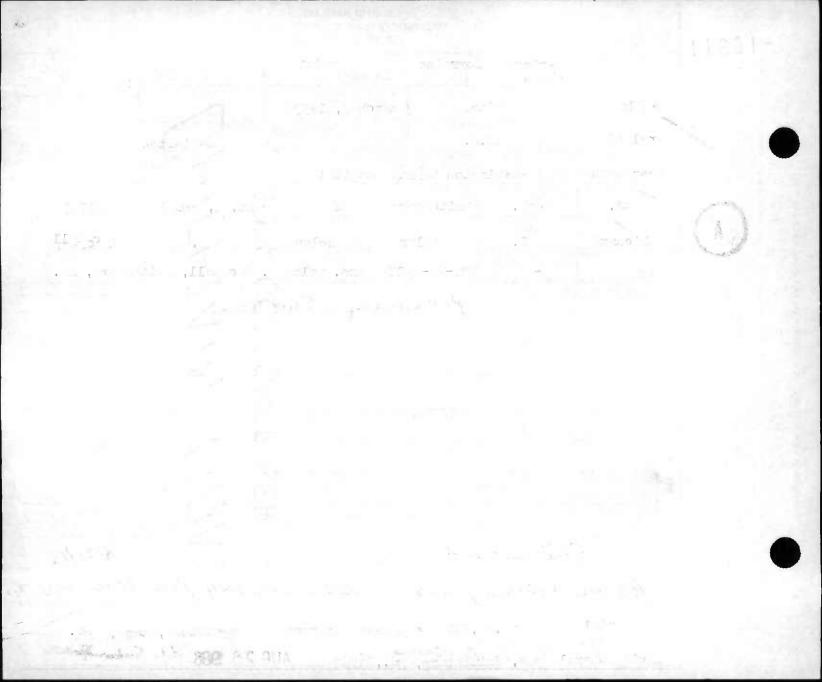
(VRA 15, 4)

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

NAME HIRST HATC EASED EVER IN UNKNOWN) SE OF DEATH TI. DEATH WA: Ions, if ony, vrise to imme (o), storing ying couse	MIDDLE CAUSED BY MMEDIATE CA	ACE White U.S.A NAME OF HO (IF NOT IN SUCHE FORCES? IN RORDATES) 2 PORCES? IN AUSE (b) DUE TO, OR A (c)	HAT COUNTRY? OSPITAL, NURSIN ACILITY, GIVE STREET, TON GOUT VE RESIDENCE BEFORE VE RESIDENCE BEFORE SEMILE SEMILE LAST SEMIC COUNTRY?	Se S. DATE OF S. DATE	h 3 NEVER MARRIED DIVORCE	6. AG P. BA ED XX 9. BA ED DN 120 U (TYPE ANTS? 13eST R†	SUAL OCCUPAT OF WORK FOR MOST TREET ADDRESS 1, DO MIDDLE 1, ADDR	YRS. OR COUNTY C INSTON TION OF WORKING LIFE) / ZIP CODE X 3	DF DEATH 126 KIND CINDUSTRY Bach sburg,	POURS PER BUSINES
IN INTERIOR FOR IN	MIDDLE CAUSED BY MMEDIATE CA	White U.S.A NAME OF HO (IF NOT IN SUCH F NAS hing Is INSTITUTION OF FORCES? If R OR DATES) AUSE (a) DUE TO, OR A (c)	SSPITAL, NURSIN ACILITY, GIVE STREET, TON GOUT VE RESIDENCE BEFORE 3. CITY OR TOWN SMITHS DU LAST SEMIC 220-74-67 AS A CONSEQUE	MANTO MATO MATO MARRIEL MIDOWE IG HOME O ADDRESS N LTG RITY NO. 723 d (c).	h 3, 1953 D NEVER MARRIE D NOTHER INSTITUTION DS pital 134 INSIDE CITY LIM YES NO [15 MOTHER'S MAID FIRST Helen 17. INFORMANT	P. BA P.	Washi USUAL OCCUPAT OF WORK FOR MOST TREET ADDRESS ON ADDRESS ADDRESS ADDRESS ADDRESS	YRS. OR COUNTY C INSTON TION OF WORKING LIFE) / ZIP CODE X 3	DF DEATH 12b. KIND CO INDUSTRY 217 Bach	F BUSINES
IN INTERIOR FOR IN	IG HOME OR OTHER IG HOME OR OTHER IS TO COUNTY WAS IN MIDDI I U.S. ARMED I Enter only on S CAUSED BY MMEDIATE CA which ediote the lost.	U.S.A NAME OF HO (IF NOT IN SUCHE AS IN SITE FORCES? 16 RORDATES) 2 DUE TO, OR A (c)	SSPITAL, NURSIN ACILITY, GIVE STREET, TON GOUT VE RESIDENCE BEFORE 3. CITY OR TOWN SMITHS DU LAST SEMIC 220-74-67 AS A CONSEQUE	MARRIEI MODOWE GO HOME CO ADDRESS) THY HO ADDRESS ADDR	D NEVER MARRIE D DIVORCE OR OTHER INSTITUTIO DS PITAL 134 INSIDE CITY LIM YES MODITION NOTHER'S MAID FIRST Helen 17. INFORMANT	9. BA ED XX 9. BA 120 U (1YPE 13e ST R†	Washi USUAL OCCUPAT OF WORK FOR MOST TREET ADDRESS O. 1, BO MIDDLE L. ADDR	YRS. OR COUNTY C INST ON OF WORKING LIFE) / ZIP CODE X 3	DF DEATH 126. KIND C INDUSTRY 217. Bach	783 Tell
DWN OF DEATH TOWN TOWN	IG HOME OR OTHER IG HOME OR OTHER IS TO COUNTY WAS IN MIDDI I U.S. ARMED I Enter only on S CAUSED BY MMEDIATE CA which ediote the lost.	NAME OF HO (IF NOT IN SUCH F NAS hing RE INSTITUTION GI 13 10 10 11 12 12 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	DESPITAL, NURSIN ACHITY, GIVE STREET, TON COUR VE RESIDENCE BEFORE VERESIDENCE BEFORE SEMICE SEMICE SOCIAL SECU CO-74-67 AS A CONSEQUE	MARRIEI MODOWE GO HOME CO ADDRESS) THY HO ADDRESS ADDR	D NEVER MARRIE D DIVORCE OR OTHER INSTITUTIO DS PITAL 134 INSIDE CITY LIM YES MODITION NOTHER'S MAID FIRST Helen 17. INFORMANT	9. BA ED XX 9. BA 120 U (1YPE 13e ST R†	Washi USUAL OCCUPAT OF WORK FOR MOST TREET ADDRESS TO 1, BO MIDDLE L. ADDR	ngton TION OF WORKING LIFE) / ZIP CODE X 3	126. KIND CINDUSTRY 217 Bach	783 Tell
DWN OF DEATH TOTAL TO	MIDDLE OR OTHER OTHER OR OTHER OR OTHER OR OTHER OR OTHER O	NAME OF HO (IF NOT IN SUCH F AS NING R INSTITUTION OF FORCES? If R OR DATES) DUE TO, OR A (c)	SPITAL, NURSIN ACUITY, GIVE STREET, TON COUR VERESIDENCE BEFORE VERESIDENCE VERESIDE	WIDOWE OF HOLE OF	DI DIVORCE OR OTHER INSTITUTION DS pital 134 INSIDE CITY LIM YES NO [15 MOTHER'S MAID FIRST Helen 17. INFORMANT	DN 120 U (TYPE) AITS? 13e ST RT	SUAL OCCUPAT OF WORK FOR MOST TREET ADDRESS 1, DO MIDDLE 1, ADDR	TION OF WORKING LIFE) / ZIP CODE X 3	217 Bach	783 Tell
ENCE (IF NURSINI) Id . III Id . II Id . III Id .	MIDDLE OR OTHER OTHER OR OTHER OR OTHER OR OTHER OR OTHER O	FORCES? III	ton Courty, Give Street, ton Courty Gresiberce Before 33, CITY OR TOWN Smiths but LAST Semle 66 SOCIAL SECUE 220-74-67, De fociol, (b), once AS A CONSEQUE	ADDRESS) TY HO ADMISSION) ADMISSION ATT ADMI	IS MOTHER'S MAID 13. INFORMANT	AITS? 13e ST RT DEN NAME	OF WORK FOR MOST	ZIP CODE	217 Bach	783 Tell
NAME HIRST HATC EASED EVER IN UNKNOWN) SE OF DEATH TI. DEATH WA: Ions, if ony, vrise to imme (o), storing ying couse	MDDI T WASh MDDI T WASh N U.S. ARMED (IF YES, GIVE WAR S CAUSED BY MMEDIATE CA which ediate the lost.	DE TO, OR A	Smiths by LAST Semie Be SOCIAL SECU 220-74-67 Perfor (o), (b), once AS A CONSEQUE	ENCE OF	YES X NO [15 MOTHER'S MAID FIRST Helen 17. INFORMANT	DEN NAME	MIDDLE L. ADDR	ess	Bach	tell
EASED EVER IN UNKNOWN) SEOF DEATH TI. DEATH WA: lons, if ony, vrise to imme (o), stoting ying couse	I N.U.S. ARMED (IF YES, GIVE WARE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	p FORCES? 16 PORCES? 16 PORCES. 1	Semle Social SECU 220-74-67 Refor(0), (b), one AS A CONSEQUE	RITY NO.	Helen 17. INFORMANT	DEN NAME	MIDDLE I.	RESS	Bach	tell
EASED EVER IN UNKNOWN) SE OF DEATH TI. DEATH WA: ions, if ony, vrise to imme (o), stoting ying couse	I N.U.S. ARMED (IF YES, GIVE WARE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	p FORCES? 16 PORCES? 16 PORCES. 1	Semle Social SECU 220-74-67 Refor(0), (b), one AS A CONSEQUE	RITY NO.	Helen 17. INFORMANT		L. ADDR		sburg,	Md.
SE OF DEATH IN TO LEAST OF THE SECOND	(Enter only on S CAUSED BY MMEDIATE CA	POR DATES) 2 The couse per line (s) AUSE (o) DUE TO, OR A (c)	SOCIAL SECUE 220-74-67 THE FOCIOI, (b), ONCE AS A CONSEQUE	RITY NO.	17. INFORMANT				sburg,	Md.
SE OF DEATH T I. DEATH WA: ions, if ony, vise to imme (o), stoting ying couse	(Enter only on S CAUSED BY MMEDIATE CA	POR DATES) 2 The couse per line (s) AUSE (o) DUE TO, OR A (c)	ne for (o), (b), one as a conseque	7 3 3 d (c)) ENCE OF		en L. Ba				
ISE OF DEATH T I. DEATH WAS tions, if ony, virise to imme (a), stoting ying couse	(Enter only on S CAUSED BY MMEDIATE CA	DUE TO, OR A	AS A CONSEQUE	d (c).) ENCE OF	Mrs. Hele	en L. Be	achtell,	Smiths		
ions, if ony, v rise to imme (o), stating ying couse	which ediate the lost.	DUE TO, OR A	AS A CONSEQUE	d (c).) ENCE OF	ry Ec	ub les	·u			
E OF OPERATION					NOT RELATED TO TH		DISEASE OR CON		N IN PART III	
		19b. CONDITION FOR WHICH OPERATION			YE	s NO	IN CERTIFY YES	ING CAUSES		
RIBUTING CAL ER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF II HOUR A.M. P.M.			21c. HOW INJURY C	OCCURRED (E	NTER NATURE OF INJU	URY IN ITEM 18 PAR	RT I OR PART 2)	
URY OCCURRED		21e. PLACE OF (AT HOME STREET		ARM, ETC)	211 LOCATION STREET		CITY OF TO	OWN	COUNTY	STA
220.1 certify that (1) (this haspital) attended the deceased from							ond from the	SIGNED		
BDUL	WA	HEFER)) ons	NAME OF C	1610 _	OAK	4110			
		3-1	1086 Ros	st Hay	ion Comoto		ia meret o	wn Wak	h M	LIRE
1 1 1 1	NOT WHILL AT WORK tify that (I) (I) the deceased ve, (I) (we) (di NATURE	NOT WHILE AT WORK tify that (1) (this hospital) the deceased alive on ve, (1) (we) (did) (did not) vie NATURE SICIAN'S NAME (TYPE OR PRIN AT WATER REMATION, REMOVAL 2:	INDITION IN THE CATHORY STREET AT WORK	NOT WHITE AT WORK AT WORK STREET, FACTORY, OFFICE, FAT WORK AT	AT MOME STREET, FACTORY, OFFICE, FARM, ETC.) tify that (I) (this hospital) attended the deceased from the deceased alive an ve, (I) (we) (did) (did not) view the body after death. NATURE SICIAN'S NAME (TYPE OR PRINT) SICIAN'S NAME (TYPE OR PRINT) REMATION, REMOVAL 23b. DATE 23c. NAME OF C	AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET tify that (I) (this hospital) attended the deceased from	NOT WHILE AT MOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TO ITY O	NOT WHILE AT MOME. STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN Tity that (I) (this hospital) attended the deceased from 19 19 10 11 The deceased alive on 19 19 10 10 The deceased alive on 19 19 10 10 The deceased alive on 10 The deceased alive on 10 10 The deceased alive on	NOT WHILE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY



3	-8	1	7	8	9
		Ĭ	•		

121201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

pletely filled in by the funeral director, page 3 nd 2 should be filed within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Fewith the State Dept: af Health and Mental Hygiene prior to burial, cremation, ar removal. injury, or other traumatic event, with the State Dept. an incommendation of them 18 shows any IMPORTANT; If them 21 is marked or them 18 shows any

retained by the hospital or attending physician.

1	-	FOR STATE REGISTRA
		REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

6	2	4	U	9	5

L	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	IO.				
	DECEASED NAME (TYPE OR PRINT)	Paul	MIDDLE B. SI	have Shade	20 DATE OF DEATH August	17. 1	986	26. HOUR 6:30p M		
3	SEX	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI		UNDER I YEAR	HOURS MIN.		
L	Male	Whit		31, 1910	75	YRS.	0.115	II.OOKS JANK		
7	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	ED XIEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH			
	West Virginia	USA			Washin	gton Co	untv.	MD.		
Ī	O. CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR		
L	Hagerstown		gton County H		Farmer		Agric	culture		
f	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COI		GIVE RESIDENCE BEFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	P 1	0-1		
1	Maryland Wash	ington	Sharpsburg	YES NO XX	P. O. Box	32	4/	Chamo		
F	4 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LAS	ST		
L	Braden	0.	Shade	Nannie_	L.		Catlet			
Ī	60 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS P. O	. Box	32		
L	No No	(YES, NO OR UNKNOWN) (IF TES, GIVE WAR OR DATES)								
F	18 CAUSE OF DEATH (Enter	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)								
ŀ	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	RESPIR	ATTIM APLACE	Ü		-			
l		DUE TO, O	R AS A CONSEQUENCE OF	0000 20000	Falusa		1			
L	Conditions, if ony, which	(d)	HUNE	1562111/2-11/1A	1 MUNICE					
I	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUENCE OF	1/000000	m 1 h		-			
ŀ	underlying couse lost.	(_{Ic)}	CMM lan	M CHEENIG	15/10 Nau	.4	-			
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								
	Õ									
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO			NGS USED S OF DEATH? NO []		
1		BEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART	T 1 OR PART 2)			
1	OR CONTRIBUTING CAUSE OF E	(ER) P. 21e PLACE	M. 19 OF INJURY	21f LOCATION				1		
ı	AUTE NOTAKUTE		REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR T)WN	COUNTY	STATE		
ı	AT WORK	nital) attended th	e deceased from	10	to	15	0	that (I) (wa) last		
1		220.1 certify that (1) (this haspital) attended the deceased from								
1	22b. SIGNATURE	not) view the body	ofter death.	DEGREE			22c. DATE	SIGNED		
	M	MUSTEN MED PHYSICIAN DIRECT						18/14		
	22d, PHYSICIAN'S NAME (TYP	DOSTE	MO	1825 /to	well nos	D 606.	STN	w		
1	38. BURIAL, CREMATION, REMOVA	AL 236 DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
	Burial	8/20/	86 Pleasan	t View Mem.Gd			Berkele	ey WV		
1	Charles M.	210,327	W. King St	A I	TE REC'D. BY REGISTRAL	25b. REGISTRA	AR'S SIGNAT	TURE		
L	Brown Funeral Ho	me POBox	821, Martinsb	urg, WV AL	16 4 2 1986	Julia 1	cond.	0		

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

TIMORE, MARYLAND 01201	0/
be executed whim 24 hays, other death. Fage 4 may be	81
in and completely filled in by the funeral director, page 3. Pages hand 2 should be filled within 72 hours after death	78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	1)	7	
	-17			

male PLACE (STATE OR FOR TOY) TY Y LAND OR TOWN OF DEATH PER STOW N ESIDENCE (IF NURSING TY Y LAND R'S NAME FREST John	4. RACE Whi ENGN 76 CITIZEN OF USA 11. NAME OF HENOTINSUL A VA CHOME OR OTHER INSTITUTION BOODLE	WHAT COUNTRY? HOSPITAL, NURSING HEACHLITY, GIVE STREET A	S. DATE COMONTH 8 MARRIEI WIDOWE G HOME CONDRESS -NOR	DAY YEAR O 2	REG. NO. 20 DATE OF DEATH MONTH AU9 6. AGE (IN YEARS LAST BIRTHDAY) 84 YRS 9 BALTIMORE CITY OR COUNTY WASHINGTON (TYPE OF WORK FOR MOST OF WORKING LITTLE OF WORK FOR MOST OF WORKING LITTLE OF WORKING LI	COUNTY 1126. KIND OF BUSINESS
male PLACE (STATE OR FOR 187) TYPI and OR TOWN OF DEATH PERSONNE (IF NURSING E) TYPI and T	4 RACE Whi FIGN 76 CITIZEN OF USA 11. NAME OF INFORMATION OF HOME OF OTHER INSTITUTION OF HOME OF OTHER INSTITUTION WASHINGTON	WHAT COUNTRY? HOSPITAL, NURSING HEACHILITY, GIVE STREET A ON M GIVE RESIDENCE BEFORE, 131 CITY OR TOWN	MARRIEI WIDOWE G HOME C DDRESS)	PEBIRTH DAY YEAR 22 02 DI NEVER MARRIED DI DI NORCED DI	84 YRS 9 BALTIMORE CITY OR COUNTY WASHINGTON 1120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	Y OF DEATH COUNTY 12b. KIND OF BUSINESS
PLACE (STATE OF FOR TRY) TYPIAND OR TOWN OF DEATH PER STOW N ESIDENCE (IF NURSING E TYPIAND TOWN TYPIAND TOWN	USA 11. NAME OF INFO IN SUCH A VA A SHOPLE	WHAT COUNTRY? HOSPITAL, NURSING HEACHILITY, GIVE STREET A ON M GIVE RESIDENCE BEFORE, 131 CITY OR TOWN	WIDOWE G HOME C DDRESS) - WOR ADMISSION)	22 02 D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY WASHING TOW 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	Y OF DEATH COUNTY 12b. KIND OF BUSINESS
TRY) and OR TOWN OF DEATH PER STOWN ESIDENCE (IF NURSING E 13 R'S NAME FRST John T	USA 11. NAME OF INFINITY HOME OF OTHER INSTITUTION B. COUNTY Washington	HOSPITAL, NURSING H FACILITY, GIVE STREET A LON MA GIVE RESIDENCE BEFORE A 134 CITY OR TOWN	WIDOWE G HOME C DDRESS) - WOR ADMISSION)	DIVORCED [WASHINGTON 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	COUNTY 1126. KIND OF BUSINESS
OR TOWN OF DEATH PER STOWN OF DEATH PER SIDENCE (IF NURSING E TYLAND R'S NAME FIRST John T	II. NAME OF LIF NOT IN SUCH A VA	H FACILITY, GIVE STREET A ON MA GIVE RESIDENCE BEFORE A 13c CITY OR TOWN	G HOME C DDRESS) -NOR ADMISSION)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS
PERSTOWN E INTERPORT	A VA S HOME OR OTHER INSTITUTION COUNTY Washington	H FACILITY, GIVE STREET A ON MA GIVE RESIDENCE BEFORE A 13c CITY OR TOWN	DDRESS) PNOR ADMISSION)			FE) INDUSTRY
ryland () R'S NAME FIRST John ()	Washington Middle	13c CITY OR TOWN	1		LIOGOGHILL	
John V			ro	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP CODE Route 2	21713
DECEASED EVER IN	William	Bostettei	r	15 MOTHER'S MAIDEN NAME Annie	ME MIDDLE F.	Kershner
O OR UNKNOWN)	U.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS	
(CON GINKNOWN)	(IF YES, GIVE WAR OR DATES)	217-48-29	931	Betty L. Sto	uffer, Mt. Lena	
RT 2. OTHER SIGNIF	Icant Conditions	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YE	VEN IN PART 110 S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
CONTRIBUTING [CAL	JSE OF DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
. INJURY OCCURRED	D 21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
saw the deceased	aliveron 10 Ju	e deceased from 10 E	ه ما	nd that in (my) (our) opinion		19, tho (II) we) ur and from the causes stated 22c DATE SIGNED
PHYSICIAN'S NIAMA	AF ITYPE OR PRE	مك	m	PHYSICIAN [DIRECTOR PHYSICIAN	121 tug
		11/2		138 E. Jut	ietan St. Itaqe	rstown mi
AL, CREMATION, RE				emetery or crematory ording Cemete	ry Hagerstown,	Wash., Maryla
P D D I I I I I I I I I I I I I I I I I	DATE OF OPERATION ACCIDENT WAS UNDER CONTRIBUTING CALL ACCIDENT WAS UNDER CONTRIBUTING CALL EITHER NOTIFY MEDICAL INJURY OCCURRE LE ALL WORK I certify that (1) (t) SOW the deceased above, (1) (we) (did SIGNATURE PHYSICIAN'S NAM ALL, CREMATION, RE	DUE TO, O Inditions, if ony, which we rise to immediate Use (a), stating the derlying cause last. DUE TO, O (b) DUE TO, O (c) DUE TO, O (d) T 2. OTHER SIGNIFICANT CONDITIONS DATE OF OPERATION TOTALE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED AT WORK I certify that (I) (this hospital) attended the saw the deceased alive or above, (I) (we) (did) (did not) view the last SIGNATURE PHYSICIAN'S NAME (TYPE OR PROHI) LL CREMATION, REMOVAL 23b. DATE	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE on ditions, if ony, which we rise to immediate use (a), stating the derlying cause last. DUE TO, OR AS A CONSEQUE DUE TO	DUE TO, OR AS A CONSEQUENCE OF CONSE	DUE TO, OR AS A CONSEQUENCE OF	DUE TO, OR AS A CONSEQUENCE OF SEE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SEE TO IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF SEE TO IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF SEE TO IMMEDIATE CONDITION SEE TO IMMEDIATE CONDITION SEE TO IMMEDIATE CONDITION SEED TO THE TERMINAL DISEASE OR CONDITION OF THE TERMIN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL TO HOSPITAL OR ATTENDING PHYSICIAN: The logicationed by the hospitol or offending physicion.

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the buriol-transit permit. Them with the State Dept. of Health and Mental Hygiene print to be TO FUNERAL DIRECTOR: After this certificate has been

2	1-	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 6 2	4091
-		CEASED NAME FIRST	CRA I	Smith	20 DATE OF DEATH MONTH 8-4-86	DAY YEAR 26 HOUR
	3. SEX	(4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
4	1	female	white	Feb. 25, 1905	81 YRS	MONTHS DATS HOURS MIN.
9	a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED (WIDOWED DIVORCED [Washington	Y OF DEATH MD.
1		Hagerstown	(IF NOT IN SUCH FACILITY, GIVE STREET Avalon Manor		12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L housewife	12b. KIND OF BUSINESS OR INDUSTRY
9	13a S	Maryland 136 COU		Stown 13d. INSIDE CITY LIMITS?	Route 9, B	
10	14 FA	THER'S NAME John E	Imer Waltz	15. MOTHER'S MAIDEN I	MIDDLE	Detrow
traumatic event, the medico	()	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	TE CAUSE (o)	rae Arrest	mith, Hagerstown	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Mautes
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	Arteny Disease -1	Mehs late Ca of Bren	st
	CERTIFICATION	PART 2 OTHER SIGNIFICANT Congestive 1 190 DATE OF OPERATION	Failure (compens	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART TIO S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
1		21a. ACCIDENT WAS UNDERLYING	- HOUR ALL MONTH O	21c HOW INJURY OCC		ES NO
1	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	AIN .	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
Rem Z 1 IS morked		220.1 certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did a	oitol) attended the deceased from not view the body olter death.	, and that in (my) (our) opini	on death occurred on the date and ha	
		22b. SIGMATURE		DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED
ORTANT		226. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		

DHMH - 16 60M 7/B4 (VRA 15, 4)

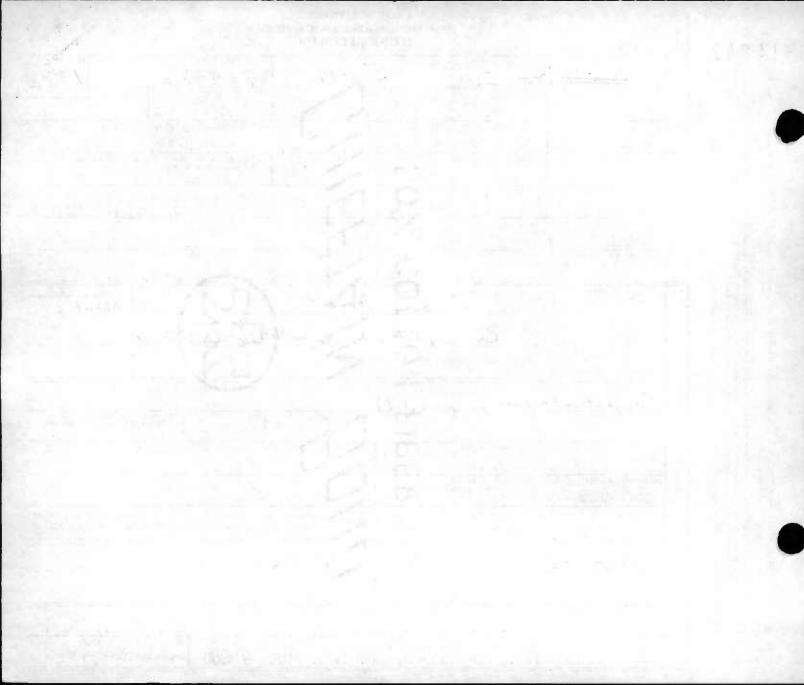
230. BURIAL, CREMATION, REMOVAL (SPECIFY) **burial** 236 DATE 23c. NAME OF CEMETERY OR CREMATORY

natory 23d LOCATION
CITY OF TOWN

Hagerstown, Wash., Maryland
25g. DATE REC'D. BY REGISTRAR 23b. REGISTRAR'S SIGNATURE

Aug.7,1986 Rest Haven Cemetery

7 1986



ae	1-	FOR STATE REGISTRAR			FRTIFIC	FMARYLAND TH AND MENTAL HYG ATE OF DEATH	FIENE 6	2 4 0	9 8
		CEASED MANE Le barren	Kati	Meen Now	Paug	SLOWHERGER	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	3.5E)	#Female	4. RACE		MONTH Jan.	1902 PEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDI	ER I YEAR OF UNDER 24 HRS DAYS HOURS MIN.
3	Ma	RTHPLACE (STATE OR FOREIGN TOUNTRY) Tyland	U.S	S.A. w	IDOWED [BALTIMORE CITY O		E ATH MD
7	На	gerstown	Washing	HOSPITAL, NURSING H CHEACILITY, GIVE STREET ADDR STON COUNTY	Hosp		(TYPE OF WORK FOR MOSTO HOUSEWITE	ON F WORKING LIFE) IN[KIND OF BUSINESS OR DUSTRY HOME
3	Ma		e or other institution DUNTY ash.	Smiths burg	g	LINSIDE CITY LIMITS?	Rt. 4, Box		21783
0	14. FA	THER'S NAME FIRST John	MIDDLE L.	Herbst	15	MOTHER'S MAIDEN NA	MIDDLE A.		Prýbr
1	()	VAS DECE ASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	21.4-03-097	/	r. H. Edgar	Snowberger		ourg, Md.
s any injury, or a	CERTIFICATION	PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION		ONTRIBUTING TO DEAT			200 AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
em 18 sha		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		YEAR	e. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	YES	NO 🗌
	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF WORK		OF INJURY REET FACTORY, OFFICE, FARM.		f. LOCATION STREET	CITY OR TO	wn cc	DUNTY STATE
		22a.1 certify that (1) (this has sow the deceased alive above, (1) (wa) (did) (dia				not in (my) (our) opinion	, to deoth occurred on the de		
		22b. SIGNATURE	4	•			MEDICAL STAF	F	9-31 86
/		22d. PHYSICIAN'S NAME (TY	FpM12	sopol .		ADDRESS Jall	V 0/40 A/	kl Hrg	info
	(URIAL, CREMATION, REMOV	Sept.3	1.986 Smit	hs bur	etery or CREMATORY	Smithsour		•
7/84		vis luneral i	ome, Shi	the burg, Ho	1., 21	.783 250. DAT	EP5 1986	25b. REGISTRAR'S	SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

)	0	-	1	4	7	5	3
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		DHYSC AN. The low remaining that the death restrictions to avenue of the contract of the death o	ottending physician.	fter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	os the burial-transit permit. Then please remave carbanpapers. Pages I and 2 shauld be tiled within 72 hours after death In and Mental Hygiene priar to burial, cremation, ar remaval.	orked or Hem 18 shows any injury, ar other traumotic event, the medical Examines must be notified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. injury, ar other traumatic event, the

1 -	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENS 6	2 4	0 9	P. 1
	CEASED NAME ORPRINT)	Ric Ric	hard	Kauffma		STENGER	August 6		Y YEAR	25 HOUR 2:26
. SE	male		white		5 DATE O		6 AGE (IN YEARS LAST BI	YRS.	UNDER I YEAR	IE UNDER 24 HRS
Pé	RTHPLACE (STATE OR COUNTRY) ennsylvani	а	USA widow				BALTIMORE CITY O Washi	ngton	FDEATH	MD.
На	agerstown	1	Vashing	ton Coun	ty Ho	or other institution spital	IZU USUAL OCCUPAT (TYPE PFAXEK EOR MOST accountar	DE WORKING LIEE)		CO.
30. S Ma	al residence (# NUR STATE aryland	13b. COUNTY Washir		13c. CITY OR TOWN Hagerste	N	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 2203 Virg		venue	21740
F.A	Albert	MIC	DIE	Stenger		15 MOTHER'S MAIDEN NAM	MIDDLE	5	Kauff	man
	VAS DECEASED EVER YES NO OR UNKNOWN) Yes	(IF YES, GIVE W		166 SOCIAL SECU		Phyllis A	Stenger,			
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only) VAS CAUSED I IMMEDIATE (CAUSE (a)		ARCIN	OMA OF RIGHT!		RONCHU		MATE INTERVAL ONSET AND DEATH MONTHS
	Conditions, if any gave rise to im couse (a), stati underlying coust	mediate ng the	(b)		N AND	BONE				
NO	PART 2. OTHER SIG	NIFICANT CO	VDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM		DITION GIVEN	IN PART III)
CERTIFICATION	19a DATE OF OPERA	NOIT	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO		WERE FINDIN NG CAUSES	
	21a ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIEY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I OR PART 2)	
MEDICAL	21d. INJURY OCCUR	OCCURRED 21e PLAC		LACE OF INJURY DAE STREET, FACTORY OFFICE FARM ETC.)		211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a. certify that (I saw the decease above (I) (3 b) (sed olive on	AUGUST	5	MARCH 86	nd that in (my) (%r) apinion o	to AUGUST	5, 19 ote and haur a		that (I) (%) last couses stated
	226. SIGNATURE	ul le	50;	How	ge	DEGREE ATTENDING PHYSICIAN &	MEDICAL STA		22c. DATE	

chean w 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

WEST WASHINGTON STREET HAGERSTOWN, MARYLAND 21740

EDWARD W. DITTO, III, M.D. 230. BURIAL, CREMATION, REMOVAL (SPECEY)
burial 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Mem. Park

13d LOCATION
CITYORTOWN
Hagerstown, Wash., Maryland

THE PROPERTY OF THE PROPERTY O

Aug.8,1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO HOSPITAL OR ATTENDI etained by the haspital ar

1 7 T A REAL

TO DEL CONTRACTA DE LA CONTRACTA DEL CONTRACTA DE LA CONTRACTA

The Late

1000.00

THUED!

LEGALE M. DITTO, 111, E.L.

the otte

beel

TO FUNERAL DIRECTOR: After this certificate has

pleose

d

r use as the burial-transit per Health and Mental Hygiene

ould be detached th the State Dept.

morkedor

MPORTANT:

CERTIFICATION

MEDICAL

14 FATHER'S NAME FIRST

MIDDLE

LAST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1	0	U
2	6.3		0	V
697.389	9			

LAST

STATE

1	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.		3	
	1. DECEASED NAME FIRST (TYPE OR PRINT) Mai	ry Frances	Steven	50N	20. DATE OF DEATH MONTH	23-86	26. HOUR 9 : 4	15 AN
	3. SEX	4. RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2	
	Female	/ white	07 16	1908	78 YRS.	MONTHS DAYS	HOURS	MIN.
19	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVE	R MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
	West Virginia	U.S.A.	WIDOWED X	DIVORCED [Washingt	on		ME
	10 CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Washington Cour	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L housewife	126. KIND O INDUSTRY	F BUSINES	SOR
A STATE OF THE STA	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d INSIDE	CITY LIMITS?	13e STREET ADDRESS / ZIP COD 415 CarroltonA		1740	

Albert		avis			
WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 233-46-9261	Mr. James A.	ADDRESS Stevenson, Hager	cstown. MD.
18 CAUSE OF DEAT PART 1. DEATH W	H (Enter only one couse pe 'AS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (0), (b), and (c).)	engestine Le	VA III	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD ZY My
Conditions, if any	which (b)_	OR AS A CONSEQUENCE OF	victivatic he	earl disease	igns

15 MOTHER'S MAIDEN NAME

FIRST

DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NO YES [

21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE

22a I certify that (I) (this hospital) attended the deceased from Lam sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 226. SIGNATURE DEGREE

ATTENDING

PHYSICIAN

MEDICAL

DIRECTOR PHYSICIAN

22e ADDRESS

STAFF

MIDDLE

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

burial 26,1986 Rose Hill Cemetery Hagerstown, Wash., Maryland

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR Wilson Blvd., Hagerstown, Maryland 2174

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

13		-	5	9	9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYCAND 27-001	(G	COLTAS ON ATTENDING MINORICAN TE. 1	order IAL OR ATTENDING PHISTORIAN. The law requires that he death certificate be executed which the begins a cutending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complainty tilled in the time luneral director, page 3	oald be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 mm 2 mater that withy 72 hours after death in the State Dept. of Health and Mental Hygi <u>an</u> e prior to burial, cremation, or removal.
			dine	D FU	th th

the

traumatic

ather

ō

marked on Hem TB she

+

MPORTANT:

CERTIFICATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR 558 osalie 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE MONTH April 1, white 1923 63 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED Washington U.S.A. DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Washington County Hospital INDUSTRY housewife WUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21740 Hagerstown 13d. INSIDE CITY LIMITS? 13. SIREEI ADDRESS / ZIP CODE 2377 Pennsylvania Avenue Washington NO A 15. MOTHER'S MAIDEN NAME MIDDLE Garlock LAST Hazel Domer, Sr. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) Mr. Simon T. Stouffer, Hagerstown, Maryland 220-18-0853 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from. 1986 saw the deceased alive an State above, (I) (we) (glid) (did not) view the body after death and that in (my) (M) apinion death accurred on the date and hour and from the causes stated

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

FOR

REGISTRAR

female

JE BIRTHPLACE (STATE OR FOREIGN

IL CITY OR TOWN OF DEATH

Hagerstown

(YES, NO OR UNKNOWN)

Conditions, if ony, which gove rise to immediate

couse (o), stoting the

underlying couse lost.

77b. SIGNATURE

1. DECEASED NAME

- STATE

LITYPE OR PRINTS

COUNTRY

Maryland

Maryland

14. FATHER'S NAME George

3. SEX

DHMH - 16 60M 7/B4 (VRA 15, 4)

burial Aug.

20,1986 Rest Haven Cemetery Hagerstown, Wash., Maryland

DIRECTOR PHYSICIAN

580 Northern Avenue Hagerstown, Maryland

MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 415 East Wilson Blvd., Hagerstown, Maryland 21740

ATTENDING MEDICAL

PHYSICIAN

22c. DATE SIGNED

21740



17.30		It	ems,#	2a,&21	b, G-62	20, by s	TATE OF	MARYLAND				(3)
		1-	FOR Med	l. Ex.,	10/31/8	DEPARTMENT	OF HEALTH	H AND MENTAL	HYGIENE	2 4	U	la
100	1.0		REGISTRAR	Gbj.	M	EDICAL EXAM	INER'S	CERTIFICATE	GF DEXTH	REG. NO		
103	I U		CEASED NAW E OR PRINT)	NE FIRST		WIDDLE		LAST	2a DA	TE KNOWN	MONTH DAY	
33	ET,			Dennis	_	Wayne		Symons	DEA	TH MATED		19 86
5	FILES. HOURS STREET,	3. SE)		4 RACE	5. DATE OF BIRT	Y YEAR LAST RI	IN YEARS IF UI	NDER 1 YR. IF UND	DER 24 HRS. 2c. D	ATE DUNCED	MONTH DAY	Y YEAR 24 HOUR 10:50
36	SNS NS	M	ale	White	June 2	, 1947	39 _{RS.}	NOOKS NOOKS		AD	8-21	19 86 p. M
- 8	52 Early		RTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY?	8 MARR	HED NEVER MA	RRIED X 9. BAL	TIMORE CITY C	R COUNTY OF	DEATH
9	CCSES	M	aryla	nd	U.S.		WIDOV	VED DIVO	RCED V	<i>l</i> ashingt	on Coun	ty, MD
12	SEST.	10. C1	TY OR TOWN	OF DEATH		OSPITAL, NURSING H		HER INSTITUTION	12a USUAL OC	CUPATION (TYP	E OF WORK 12b K	CIND OF BUSINESS OR INDUSTRY
15		Ha	gersto	. UWO		ricker Dr.,		201	Teach	er	Scl	hool Boar
6 3	N COMPANY	USU /		(IF IN NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS	2 134 STREET AD	DDESS	2174	40
N A	C G SEE		rylan	d Was	hington	Hagers	town	YES X NO		Bribke:	r Drive	е
9 7	ME CHE	14 FA	ATHER'S NAM	E	MIDDLE	LAST	1	15. MOTHER'S MA	IDEN NAME	MIDDLE		TAST
EAT E	255	3	Alvi	n	W.	Symons		Glad	vs	L.	Spig	ler
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. S. ŒRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA	PAGE ON OF A	16a. V	VAS DECEASE	ED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT		442 PESS		a Avenue
ALTI	WITH FOR PAGES I		No	(ir res, Give		214-48-	-2703	Alvin W	. Symon	s Hage	rstown	. Md.
JRS			18. CAUSE	OF DEATH (Enter or	nly ane couse per l	line for (a), (b), ond (c).)					APPROXIMATE INTERVAL
IS S	L NEW NO.		PARTID	EATH WAS CAUSE	D BY:	Gunshot Wou	and of	Head (unspecifi	.ed)	01	TWEEK ONSET AND DEATH
124	A S S S S S S S S S S S S S S S S S S S			WW.EDIA		OR AS A CONSEQUEN						
E E	N N N N N N N N N N N N N N N N N N N			ons, if ony, which								
× ×	XAMIN XAMIN AL-TR MENTA N, OR		cause (c) stating the <u>under</u>	< ' ' '	OR AS A CONSEQUEN	ICE OF					
201 JTEC	JG" IN PENCIL IN CAL EXAMINER A BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO		lying ca	use last.	(c)							
XEC XEC	AANIA		PART 2 DTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL DISEAS	SE DR CONDITION GIVEN IN	PART 1 (a).			
0 8	MEDICA AS A BI EALTH AI CREMA	NO										
J.C.	ORD "PENDING" IN PECHIEF MEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL CREMATION, CLARAL CRE	CERTIFICATION	19a. DATE O	FOPERATION	19b. CON	IDITION FOR WHICH C	PERATION V	VAS PERFORMED?			20	AUTOPSY?
AT OH	ORD "P	TEK										YESXX NO
OF V	> 8 7 8 -	CER		AL CAUSE WAS	21b. TIME	OF INJURY est.	21c. H	OW INJURY OCCUP	RRED (ENTER NATURE C	F INJURY IN ITEM 18	PART I OR PART 2)	
NO DE	SHOULD SH	₹ S	UNDERLYIN CONTRIBUT	G A OR ING CAUSE OF				bject sho	ot			
VISI	VRITING VRDED 1 GE 3 SH TE DEP 201 PR	MEDICAL	21d. INJURY	OCCURRED	STREET S	E OF INJURY (AT HON	E, 21f. LC	CATION		RTOWN	COUNTY	STATE
<u>a</u> ≥	조克法	>	AT WORK	NOT WHILE [XIX STREET,	Home						wn, Washin
ri e	RE, W				ne of the remains	described above, held		- []	tion . Ingi			ton Co., M
N.	ANDEN S		death resul		oral causes	/ Accident .	Surandan	Hamicide XX			o in my opinion	
3	IREC IREC MITH ARY		ded in 1030.	A A.	-077	1 11	15	TITLE (SPECIFY)		, mounter		
E G	₩. ¥.		ACTUAL SIGNATURE	Melin	il of	ments /	Muy	Assistar	nt MEDICALE	(A AA INIED	DATE SIGNED	8-22-86
2	SEA SE				00	1		N.D.	MEDICAL E.	MAINER	SIGNED	
WEG	AGE OTTE THE CERTIFICATE, AGE 4 SHOULD BE FORW O FUNERAL DIRECTOR: P. FTER DEATH, WITH THE ST ALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PR	INT) De	nnis F. S	Smyth, M.D.		ADDRESS 111	Penn St.	, Balto	o., Md.	21201
5	A C C A	23a.B		ATION, REMOVAL	23b. DATE	23c. NAME OF		OR CREMATORY	23d. LOCATIO	N	COUNTY	CTATE
07/84 B	p	C	remat	ion	8-23-86	5 Smiths	burg	Cremator	cium Smi	thsbur	g, Was	sh., Md.
25M	DHMH - 17		UNERAL DIRE		ADDR	Hagersto	wn, M	250. DA	TE REC'D. BY REGIS	TRAR 256. REG	ISTRAR'S SIGNA	ATURE
	A15 ME (5))	A	.K. C	offman		l Home, I	nc.	AU	626 198	8 Juliar	Sevidon D	pondelle .
		C										

ente dune 2, 1949 39

16.0.0 huwi-n

Teacher School School School Sont

Alvis a. Symonus L. Cladys L. Sigles Avenue

214-18-2703 Alvin V. Symons Hagerstein, Mc.

Grenation -21- - th miller Granatorium Edithelard, ash., Md.

A. .. Coffman Functel Home, Inc. . AME 26 DE A. Came Profession

TO MOSPITAL OR ATTENDING PHYSICIAN: The

	1.	FOR STATE		DEPARTMENT O	ATE OF MARYLAND FHEALTH AND MENTAL H TIFICATE OF DEATH	rigiens 6 2 4	1 0 3
7	1. DEG	REGISTRAR CEASED NAME EDGAR EORPRINT)	LEON"		MAS	REG. NO. 20. DATE OF DEATH MONTH AUGUST 4	DAY YEAR 26. HOURS
2	1.50	Male	4 RACE White	MO	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	FUNDER I YEAR IF UNDER 24 HRS
36	Ma	IRTHPLACE ISTATE OR FOREIGN COUNTRY) ATYLAND LITY OR TOWN OF DEATH	U.S.A	A. WIDO	RIED NEVER MARRIED WED DIVORCED [9 BALTIMORE CITY OR COUNTY 129 USUAL OCCUPATION	N MD.
e notified	H	AGERSTOWN TAL RESIDENCE OF DURSING HOME	AVAL	FACILITY, GIVE STREET ADDRESS)	B	(TYPE OF WORK FOR MOST OF WORKING LII Laborer	Contractor
inermust		ATHER'S NAME	hington		15. MOTHER'S MAIDEN	7 East Washir	21740 ngton Street
col examin		WAS DECEASED EVER IN U.S. A		Thomas 166 SOCIAL SECURITY NO	Anni 17 INFORMANT	ADDRESS	Betts Howard Street
the medi	(NO (IFYES, NO OR UNKNOWN) (IFYES, O			4 Frances L	. Thomas Hagers	
or ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.	(b)	AS A CONSEQUENCE OF	elvotic Ca	to Vanculor De	ien Jeurs
o ramy injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	-Romie	Obstruct	tre Pulm	200 AUTOPSY? 206. IF YE.	s, WERE FINDINGS USED FYING CAUSES OF DEATH?
ced or Item 18 +	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	P.A.	a. Month day ye, a, 1	9 211 LOCATION	YES NO YE	PART T OR PART 2) COUNTY STATE
: If Item 21 is mork		220.1 certify that (1) (this has bow the decease alive above the west had (did 27h SIGNATURE	on	19	, and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	on death accurred on the date and have	19, that (I) (we) lost or and from the couses stated
MPORTAN		224 PHYSICIAN'S NAME (TYP	E OR PRINT)		ADDRESS 38 E. A	ntieda St	7

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate should be detached for use as the buriol-transmit with the State Dept of Health and Mental Hyppi

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b. DATE 8-6-86 231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Washington MD Rest Haven Cemetery Hagerstown,

24 FUNERAL DIRECTOR

A.K. Coffman Funeral Home, Inc.

Hagerstown, Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

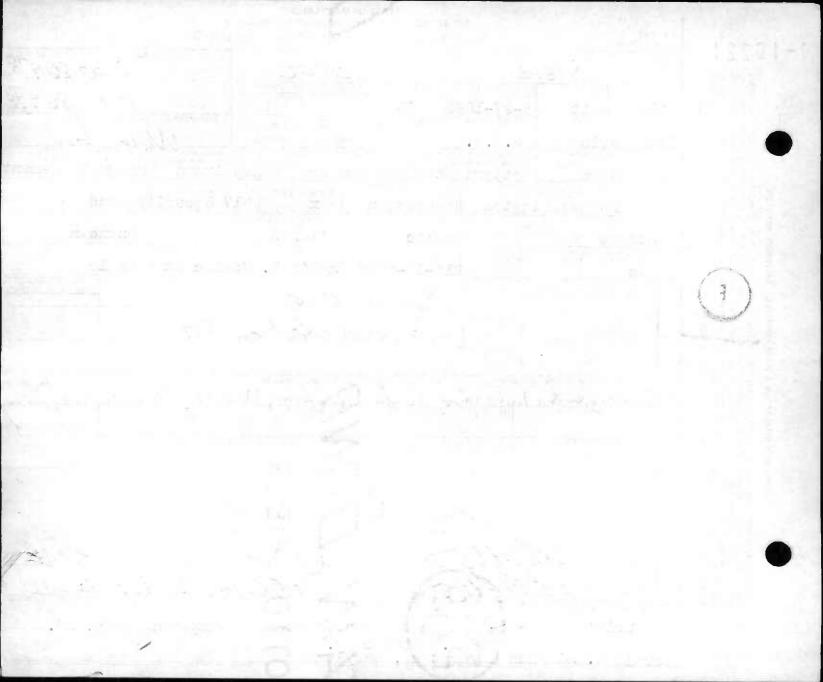
ADDRESS Inc.

AUG. 1 1986

LA STORMER TOWNS TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TO THE TOWN TOWN TO totalist know("I paper of paper of paper of Thomas . Toronte fact Drawe . 1 3ht - 25 -1 - 191 Trances L. Thomas (aperton, Hd. 16-80 Hat Lieven Committee haresettown, Washington, MD Hanerstown, Md. a.c. voilman luneral lone, inc.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-4. IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
2. SYOULD BE FILED. WITHIN 72 HOURS.
AN RECORDS, 201 W. PRESTON STREET, DEATH MATED 6. AGE (IN YEARS 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE HTMOM LAST BIRTHDAY) PRONOUNCED 3-27-1896 DEAD 90 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? 76 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Yugoslavia WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION OR INDUSTRY FOR MOST OF WORKING LIFE) Repairman Marquett Cement Western Maryland Center Hagerstown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 817 Security 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE, MD. 2120 Washington YES T Road Hagerstown NO [FER DEATH. II F PAGES 1, 2, FORM-PM 3. FS 1 AND 2 S 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST MIDDLE LAST Mildred Unknown Uzelac George 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO AFTER ((YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mamie E. Uzelac same as 13 213-10-6806 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PRESTON ST., PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED W
EXECUTE HE CERTIFICATE, WRITING THE WARD, "PENDING". IN PEN
PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMIN
TO FLINE AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL
TARGET BEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENT
BATTIMORE, MARKIAND, 21201 PROR TO BUSIAL, CREMATION, OR cause (a) stating the under-A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [NO M 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT WORK AT WORK STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Accident Suicide Undetermined manner ACTUAL SIGNATURE SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY STATE 8-23-86 Haven Cemetery Hagerstown Rest Burial Wash 24 FUNERAL DIRECTOR 305 N. Potomac St. **DHMH - 17** Minnich Hagerstown (VR A15 ME (5)) the second of the major of the second 20M 4/82

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYMAN 21201	3
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed inting at logis ofter death. Page 4 may be retained by the haspital or attending physician.	-8
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages I and 2 should be filed within 72 hours after death with the Scate Dark of Health and Mental Hacilean prior to burial, cremation, or removal.	17
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medicar examiner must be confied at once.	8 8

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

6		2	4	100	0	Ace Ace
	REG. NO					

	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYGI	IENS 6 2 4) 5
		CEASED NAME FIRST OR PRINT)		Ann	1	eaver	20. DATE OF DEATH MONTH	186	26. HOUR 7 M
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	fe	emale	white	3	Jan	uary 2, 1933	53 YRS.	M.O. CITIS	NOOKS MIN.
9	7a. BIF	CTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8. MARRIE	D 🖾 NEVER MARRIED 🗆	9 BALTIMORE CITY OR COUNTY Washington	OF DEATH	
1		New York City			WIDOWE				MD.
0	4	gerstown	LIF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET LINGTON CO	ADDRESS)	DROTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII NOUSEWITE		F BUSINESS OR
1	130. S			GIVE RESIDENCE BEFORE 134. CITY OR TOW Hagersto	Ν	13d. INSIDE CITY LIMITS? YES A NO	130.STREET ADDRESS / ZIP CODI 405 Ridge Avent	ue 2:	1740
	14. FA	THER'S NAME	WIDDLE	TAST		15. MOTHER'S MAIDEN NAM	ME	LAS	51
		William	Model	O'Rour	ke	Helen	THE DEC	Swee	
		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
	no		, GIVE WAR OR DATES)	097-24-4	557	Jim H. Weave	er, Hagerstown,		IMATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O (c)	RAS A CONSEQUE RAS A CONSEQUE Propable	ENCE OF ENCE OF ENCE OF	ntra abdom	arrest vinal Carcinoma ncer-primory	the Com	ninutes
	NOIL	1	4						
1	CERTIFICATION	190. DATE OF OPERATION	196 COND	1+	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	NGS USED S OF DEATH? NO X
2		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME O	FINJURY	AY YEAR	21c HOW INJURY OCCURR	RED (EN ER NATURE OF INJURY IN ITEM 18	PART : OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220 I certify that (I) (this his saw the deceased alive above, (I) (we) (did) (did 22b SIGNATURE		4 11	- /	DEGREE ATTENDING	death occurred on the date and how	ur and from the	
		22d PHYSICIAN'S NAME (TY		SACHS	,	PHYSICIAN [22e ADDRESS 2 39 1	1. Potomac	5%	1/06
		BURIAL, CREMATION, REMOVES		23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION Smithsburg. Wa	ish. Ma	ryláha

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 ME. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

00-81794	1	FOR STATE			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 6	24:	0 6
		REGISTRAR CEASED NAME	FIRST	Will	iam \ \ \		AST	REG, NO 20. DATE OF DEATH	MONTH DAY YEA	26 HOUR 5 4 M
ge 4 may be ector, page 3 rs after death	3. SE	× Ma		RACE	nite	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LY	
death. Po uneral dir	1	IRTHPLACE (STATE OR F COUNTRY) Vest Virgin ITY OR TOWN OF DEA	iia		WHAT COUNTRY?	WIDOWE			R COUNTY OF DEATH	MD.
in by the fire filed with	L	Hagerstown		Washi	ngton Co	ounty	Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	WORKING LIFE) INDUST	ID OF BUSINESS OR TRY Dilroad
tely filled 2 should b	I	STATE ATHER'S NAME FIRST	Wash	nington	Hagers	town	13d. INSIDE CITY LIMITS? YES [X NO] 15. MOTHER'S MAIDEN NA	ME	urch St.	21740
complete conditions and conditions and conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditions and conditions are conditional conditional conditions are conditional conditional conditional conditions are conditional conditional conditional conditional conditions are conditional	16a '	James WAS DECEASED EVER		aston	16b. SOCIAL SECU	RITY NO.	Nellie	ADDRE	SS	LAST
alTIMORE, e be execution and comparts. I. the medical		YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	216-03-	3505	James B. V	Whittington,		PROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NG PHYSICIAN: The law requires that the death certificate offending physician. After this certificate has been signed by the attending physic st the burial-transit permit. Then please remove carbon pape th and Mental Hygiene prior to burial, cremation, or removal arked or Item 18 shows any injury, or other traumottic event, the	NOI	Canditians, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the lost.	CAUSE (0) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF			DITION GIVEN IN PAR	T Ito:
TALRECO	CERTIFICATION	19a DATE OF OPERAT		19b. CONDI		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	ISES OF DEATH?
DIVISION OF VITAL ING PHYSICIAN: The r attending physician wher this certificate ha ost he burial-transit p th and Mental Hygien orked or Item 18 shaw	MEDICAL C	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH	HOUR A.A P.A 21e. PLACE O	M. MONTH DA	19	2H LOCATION STREET	CITY OR TO	1 100	
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR: wild be detached for use he the State Dept. of Heal OPRIANT: If them 21 is manners.		faw the decease	d after on	US VE	e deceased from		. 19 Id that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 6	to	22c. D.	—, that (I) (we) lost the couses stated AVE SIGNED
Bb————	L	BURIAL, CREMATION, (SPECIFY)			,1986 R	est H	emetery or Crematory aven Cemeter			
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR			UNERAL agerstow		21740AU92	e rec'd. by registrar Julia	Davidson Ran'S SIGI	NATURE

31	
A N	
-	
, BALTIMORE,	
PRESTON ST.	
3	
201 W	
DIVISION OF VITAL RECORDS, 20	

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

In by the function director, page 3 in the first page 3 in the relation of the death

	_	tem # 16b, For FOR STATE REGISTRAR	ilm G 6	22,12/1/8		NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	TENE 8 6	2 4	į	0 7
		CEASED NAME OR PRINT)	FIRST	Frederick R Wilber			Wilber	26. DATE OF DEATH	MONTH DAY	YEAR SE	2b. HOUR
	3. SE		160	1. RACE		S. DATE (DAY YEAR	6 AGE (IN YEARS LAST BIR	HDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
11	_	ale RTHPLACE STATE OR I	OREIGN I	white	WHAT COUNTRY?	8.	mber 4, 1930	55 9 BALTIMORE CITY O	YRS.	DEATH	
6	, (node Islan	d	USA		WIDOW		Washin	gton		MD
9	J	ty or town of DEA Hagerstown		Washing	gton Coun	ty Ho	spital	TYPE OF WORK FOR MOST O	F WORKING LIFE}	INDUSTRY	cal Eng
35	13a. S	At RESIDENCE (IF NURS STATE aryland	136 COUN	other institution, TY ington	13t. CITY OR TOW Hagerst	N	13d. INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS	zip CODE ands Ru	ın 2	1740
11	14. FA	THER'S NAME FIRST	R^	AIDDLE	Wilbe	r	15. MOTHER'S MAIDEN NA	ME MIDDLE		Keck	51
1		VAS DECEASED EVER		MED FORCES? WAR OF DATES)	166. SOCIAL SECU 039-18-7		P. Marie Wi	lber, Hager		Md.	
		PART I. DEATH W Conditions, if ony gove rise to immodule (Io), stating underlying cause	MAS CAUSED IMMEDIATI , which mediate ng the	D BY: E CAUSE (v) DUE TO, O	R AS A CONSEQUE	The INCE OF	Lastatir Vis	elaa-		S M	IMATE INTERVAL ONSET AND DEATH
9	CERTIFICATION	Parapleges de			ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM THE TOTAL STATE OF THE TERM ITION FORWHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D			NGS USED
9	MEDICAL CER	21d. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	1111	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART		
1	WEI		HILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN /	COUNTY	STATE
		22a.l certify that (1) (this hospital) attended the dereased from									
7		226. SIGNATURE	Edes AME (TYPE OF	nes M	worly ,	(1)	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAI DIRECTOR PHYSIC		8/15	188
1		BURIAL, CREMATION,	REMOVAL	23b. DATE Aug. 20			CEMETERY OR CREMATORY Aven Cemetery	23d LOCATION Hagersto	wn, Was	sh., N	laryľähd
84	24. F	UNERAL DIRECTOR M		H FUNER	AL HOME		25a. DAT	e REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN X MONTH 2b. HOUR Wilson Harold (TYPE OR PRINT) Ellsworth OF ESTI-AOR YOUR FILES WITHIN 72 HOURS PRESTON STREET. DEATH MATED J60RTH DIRECTOR DATE OF BIRTH IF UNDER 1 YR. 2d. HOUR SEX 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE Male YEAR LAST BIRTHDAY) PRONOUNCED DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland Washington WIDOWED DIVORCED 12ª USUAL OCCUPATION (TYPE OF WORK CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington County Hospital Guard security Serv 2. AND 3 TO 3. RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13c. CITY OR TOWN 13aL INSIDE CITY LIMITS? 13e. STREET ADDRESS 21740 Wash. Hagerstown YES [XXON Rt. 2. Бох 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Russell Wilson Edna Hay Hankey 17. INFORMANT 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS G WITH BY (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-09-4807 Mrs. Ethel M. Wilson, Hagerstown, Md. ves 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PROCLI IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DBATUMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 314404 COVOUR IMMEDIATE CAUSE (o)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22g. I certify that I took charge of the remains described above, held an and in my opinion Inspection death resulted from Notural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Smiths burg, Wash. thsburg Crematorium 24. FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** NAME (VR A15 ME (5)) Funera Home 20M 4/82

STATE OF MARYLAND

1004 -100

and the second of the second o Att to It. - Africa

in a recommendation of the second second

the contract of the second of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4 1 0 9 REG. NO.								
1	1 DEC	CEASED NAME	FIRST	MIDDLE TO A LAST				20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR					
		(TYPE OR PRINT) Thomas			E. Wilson			6	18 19	7 86	432 AM		
	3. SEX	(A 0 .	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
		Male	MONTH 0.3			3/ 1913	1 7	3 YRS.					
0				75 CITIZEN OF WHAT COUNTRY? 8				9 BALTIMORE CITY OR CO					
200	West Virginia			USA WIDOWE			D NEVER MARRIED DIVORCED	Washingt	ington MD.				
Ç,	10 CI	CITY OR TOWN OF DEATH				URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF BUSINESS OR INDUSTRY			
1	Hagerstown			Washi	ngton	County H	lospital	self-emplo	yed	sheet	metal		
48	USUA 13a. S	AL RESIDENCE (IF NURS		GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	21740				
d				ington	Hager		YES NO	1823 W. Wash					
T	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME					
		Frank		Wilson			Mary	WIDDLE		King			
		VAS DECEASED EVER				17 INFORMANT	ESS						
	no	(ES, NO OR UNKNOWN)	(IF YES, GIVE	031-05-0628 Kathleen Wilson, Hagerstown									
		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (l	b), and (c).)	6			BETWEEN C	MATE INTERVAL DISET AND DEATH		
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Responses											
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which (16) Chemic Obstructive Yulman Jaren Care name											
		gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)											
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	ě	Diabete Meeter Anthronelustic Heard Disease											
4	CERTIFICATION	19a. DATE OF OPERATION 19b. CON			DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
4	ERT	21 - ACCIDENT WAS LINE	SERIVING (T)	21h 7145 C	OF INJURY 21c HOW INJURY OCCUR			YES NO YES NO REPORT TO PART 1 OR PART 2					
	0	210, ACCIDENT WAS UNDERLYING 21b. TIME O HOUR A.I			A.M. MONTH DAY YEAR			(ENTER NATURE OF INJURY IN TEM IB PART I OR PART 2)					
7	CA		NOTIFY MEDICAL EXAMINER)		Μ.	19							
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			21f LOCATION STREET	CITY OR TO	CITY OR TOWN		STATE		
		AT WORK AT WO	RK L							- 07			
		22a.1 certify that (I)			e deceased f	rom 2. No	19 29		79 11	9 24	that (I) (we) last		
		sow the deceased alive an 18 19 86, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (i) (we) (did) (did not) frew the body afterdeath.											
		22b. SIGNATURE DEGREE 22c. DATE SIGNED											
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 19A									tugas		
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS).			
				enda	25		138 E. My	retamst.	Haga	no for	m My		
	23a B	BURIAL, CREMATION,	REMOVAL	23b DATE	1006		EMETERY OR CREMATORY	23d LOCATION	2	COUNTY			
	-				g.21,1986 Cedar Lawn Mem. Park Hagerstown, Wash., Mar								
		JNERAL DIRECTOR		ICH FUN	ADD	DE C C		TE REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE		
	4	415 E. Wilson Blvd., Hagerstown, Md. 21740 AUG 2 6 1986 Julie Swiden Bondon											

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

BP.

(VRA 15, 4)

0 -	15869	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE 2	0.	10	
	poge 3		CEASED NAME DANSE : OR PRINT) Danse	4. RACE White 76 CITIZEN OF WHAT COUNTRY? USA		S. DATE OF BIRTH MONTH DAY YEAR FOLL 14 1930 MARRIED NEVER MARRIED MIDOWED DIVORCED		20. DATE OF DEATH	7-27-	86 2b. H	OUR M
	ge 4 rector,	3. SE	Male					Washington MD			
	unerol di		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia								
201	by the f		Hagerstown	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Cab & truck driver			
T.	hould be	130	Maryland Was	R OTHER INSTITUTION, GIVE RESIDENCE REFORE A NTY 13c. CITY OR TOWN hington Hagersto		N 134. INSIDE CITY LIMITS?					1740
(FIELD	ompletel)		ATHER'S NAME FIRST Elias	WIDDIE	last Wines		15. MOTHER'S MAIDEN NA FIRST Pearl	MIDDLE		Wines	
TIMORE	on ond co		/es (Army)	VE WAR OR DATES)	231-34-5	342	Claude Hagan	s Rt. 5,8		Winches APPROXIMATE IN BETWEEN ONSET A	
201 W. PR	he low requires that the death cents has been signed by the attending pit permit. Then please remove carbons ene prior to burial, cremation, or remove any injury, or other troumatic every only injury, or other troumatic every or other every or other troumatic every or other troumatic every or other every or oth	MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT The DATE OF OPERATION.	DUE TO, O DUE TO, O DUE TO, O (c) CONDITIONS	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO 1	ENCE OF	NOT RELATED TO THE TERM	284 AUTOPSY?	DITION GIVEN	ERE FINDINGS U G CAUSES OF DE	SED (ATH)
	TO HOSPITAL OR ATTENDING PHYSICIAN IN THE PROPERTY OF THE PHYSICIAN IN THE PHYSICIAN IN TO FUNERAL DIRECTOR: After this certificate is should be detached for use as the buriol-tronsity with the State Dept. of Health and Mental Hygier IMPORTANT: If them 21 is marked or Item, 18 should be applied to the property of the physician in the property of the physician property of the physician property of the physician ph		216. ACCIDENT WAS UNDERLYIND ON CONTRIBUTING CAUSE OF DI ON CONTRIBUTING CAUSE OF DI ON CONTRIBUTING CAUSE OF DI ON CONTRIBUTING ON CONTRIBUTI	ATH HOUR A P) 21s. PLACE (a) HOWE 51 ot) view The body OR PENT)	M. MONTH DA M. OF INJURY BEEL FACTORY, OFFICE, Y on disconsed from	19 200, 676)	211. LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19 19 11 11	death occurred on the d	WILL TO TO THE OTHER OFFI	ounts that i) d from the course	MAIR (Contract stated
	BP		BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation		23c. N	NAME OF C	EMETERY OR CREMATORY EUneral Home	23d LOCATION		DUNTY	STATE a.
D	HMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR K. Coffman J	Funeral	Hager Home, I	nc.	n, Md. 250. [A	16.08.1880.	25b EGISTRA	AGNATU	down.

. The state of the British , to the last of and among the pour and around affiliate